



DUVAL COUNTY COMMUNITY HEALTH ASSESSMENT 2017

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Duval.FloridaHealth.gov

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Executive Summary

The Florida Department of Health in Duval County (DOH-Duval) initiated a new community health improvement process in 2016. Local public health system partners joined forces to complete the Duval County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). A CHIP is a strategic plan to address public health priorities in a community and defines how local public health system partners will work together to improve the health of Duval County. Priority areas in the CHIP are selected based on the health challenges identified in the CHA. Critical sectors invited to participate in the development of Duval County's CHA and CHIP included local hospitals and health care organizations, local government, community based organizations, faith-based organizations, social service organizations, and schools.

Utilizing the National Association of City and County Health Officials' (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) framework, the planning team engaged in a comprehensive CHA that provided detailed information on health and quality of life in Duval County. As part of this process, four assessments were completed: The Forces of Change Assessment, the Local Public Health System Assessment, the Community Themes and Strengths Assessment, and the Community Health Status Assessment.

Meetings were held with the MAPP Steering Committee to review, analyze, and synthesize key findings from the CHA to inform the development of Duval County's CHIP. During these meetings, attendees had the opportunity to review the assessment findings and make recommendations for additional indicators to include in Duval County's CHA. Strategic health priorities were identified through a facilitated process that examined cross-cutting strategic issues that emerged in the CHA. When establishing health priorities for Duval County's CHIP, feasibility, impact on health outcomes, and the promotion of health equity were considered. Through this process, strategic health priority areas were identified for Duval County's CHIP:

- **Healthy Families and Healthy Babies:** Infant mortality is a key measure of a population's health. Significant racial and ethnic disparities in infant mortality exist. In Duval County, black babies are 2.5 times more likely to die before their first birthday than white babies. The goal for this strategic priority is to reduce infant mortality and morbidity in Duval County.
- **Healthiest Weight:** Contributing factors to obesity include physical inactivity, poor nutrition, and lack of access to healthy foods. Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, and stroke. In Duval County, 65.4% of adults and 29.0% of middle and high school students are overweight or obese. Goals to address healthiest weight include: 1) increasing the percent of children and adults who are at a healthy weight and 2) increasing access to nutritious and affordable food.
- **Behavioral Health:** Behavioral health is essential to a person's overall health and well-being, healthy interpersonal relationships, and the ability to live a full and productive life. On average, adults in Duval County report having four poor mental health days in the past 30 days. Goals to improve behavioral health include: 1) reducing deaths due to suicide and 2) reducing opioid overdose deaths.
- **Access to Care:** Addressing access to care can reduce barriers to achieving optimal health such as inadequate transportation, cultural or linguistic barriers, and economic barriers. Lack of or inadequate insurance coverage is one of the biggest barriers to accessing healthcare. In Duval County, 12.3% of residents lack health insurance. The goal for this strategic priority is to decrease barriers to accessing care.
- **Health Equity:** When creating a community in which all residents can achieve optimal health, it is important to consider the multiple factors that influence health. Clinical care has a relatively small impact on the overall health of a community (University of Wisconsin Population Health Institute, 2014). Given our growing understanding of the social, economic, and environmental factors that determine health outcomes, building a healthy, equitable community was identified as a cross-cutting strategy to improve health outcomes.

The strategic health priorities guided the development of goals, objectives, and key activities that will be implemented to promote optimal health and well-being for all who live, work, learn, and play in Duval County. The result of the MAPP process is a well-crafted roadmap that we will review and revise annually to meet

emerging challenges and opportunities. Using data to inform health improvement efforts does not stop after the completion of a Community Health Assessment and identification of priority areas. Data continues to play an invaluable role throughout the planning and implementation phases, guiding what the work looks like. For information about how the Duval County CHA has evolved since its initial release in 2018, see the Appendices (starting on page 78).

The CHA and the CHIP are community-driven processes. As a member of the community, we welcome your feedback and collaboration to achieve the goals established in Duval County's CHIP. For more information or to become involved contact the Florida Department of Health in Duval County, Healthy Jacksonville at HealthyJax@flhealth.gov or visit HealthyJacksonville.net.

Acknowledgements

Community ownership is a fundamental component of the MAPP process. Broad participation from the range of partners that comprise the local public health system is essential to a successful MAPP process. The Florida Department of Health in Duval County would like to extend our sincere appreciation and gratitude to the community partners who participated and contributed to this comprehensive body of work.

Participating Organizations:

AARP	Jacksonville City Council
Ability Housing	Jacksonville Children's Commission
Agape Community Health Center	Jacksonville Community Council, Inc.
Agency for Healthcare Administration	Jacksonville Fire and Rescue Department
Alliance for a Healthier Generation	Jacksonville Housing Authority
America Walks	Jacksonville Metropolitan Community Benefit Partnership
American Foundation for Suicide Prevention	Jacksonville Regional Health Collaborative
American Heart Association	Jacksonville Sheriff's Office
American Lung Association	Jacksonville Transportation Authority
Baptist Health	JASMYN
Beaches Emergency Assistance Ministry	JAXUSA
Boys and Girls Clubs of Northeast Florida	Kids Hope Alliance
CareerSource	Lifeline Resources
Changing Homelessness	LSF Health Systems
Chartwells	Lutheran Social Services
City of Jacksonville	Magellan Complete Care
Clara White Mission	Mayo Clinic
Clinton Health Matters	Mayor's Office
Community Benefit Partnership	Memorial Hospital
Community Connections of Jacksonville	Mental Health America of Northeast Florida
Community Health Outreach	Mind over Music Movement
Community Rehabilitation Center	Molina Healthcare
Duval County Medical Society	New Town Success Zone
Duval County Public Schools	Northeast Florida Area Health Education Center (AHEC)
Drug Free Duval	Northeast Florida Healthy Start Coalition
Edward Waters College	Northwest Jacksonville Community Development Corporation
ElderSource	Nova Southeastern University
Episcopal Children's Services	Partnership for Child Health
Fatherhood PRIDE	Pastoral Counseling Services
Feeding Northeast Florida	Planned Parenthood
First Coast YMCA	The PLAYERS Center for Child Health
First Coast Worksite Wellness Council	Publix Supermarkets
Florida Beverage Association	River Point Behavioral Health
Florida Blue Foundation	River Region Human Services
Florida Department of Children and Families	The Salvation Army of Northeast Florida
Florida Department of Health in Duval County	Special Olympics Florida
Florida State Attorney's Office	St. Vincent's Health Care
Florida State College at Jacksonville	Timucuan Parks Foundation
Full Service Schools of Jacksonville	Tobacco Free Jacksonville
Gateway Community Services	UF Center for Health Equity and Quality Research
Growing Parenting Choices	UF Institute for Food and Agricultural Sciences
Groundwork Jacksonville	United Way of Northeast Florida
Health Planning Council of Northeast Florida	University of North Florida
Heart for Children, Inc.	US Department of Veteran's Affairs
Hispanic Medical Society	Volunteers in Medicine
Humana	War on Poverty
IM Sulzbacher Center	
Jacksonville Area Legal Aid	
Jacksonville Chamber of Commerce	

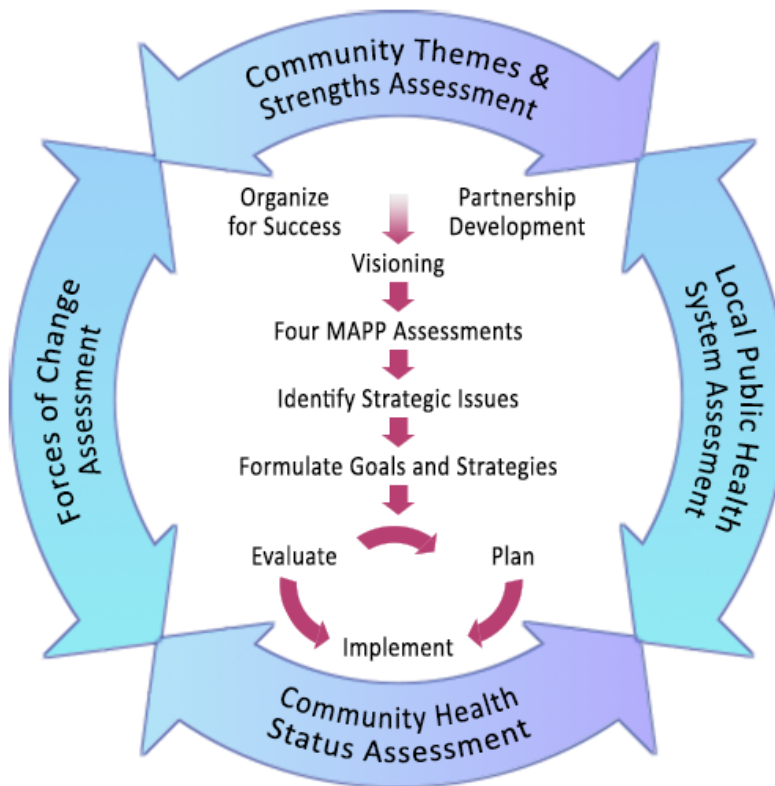
We Care Jacksonville
Wellcare

Wolfson Children's Hospital
Youth Crisis Center

MAPP Process Overview

The local public health system includes all people and organizations that contribute to the health of those who live, work, learn, and play in a community. Local public health system partners convened to develop the Duval County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). Critical sectors invited to participate in the development of Duval County's CHA and CHIP included local hospitals and health care organizations, local government, community based organizations, faith-based organizations, social service organizations, and schools.

A CHIP is a long-term, strategic plan that defines how local public health system partners will work together to improve the health of Duval County. The Mobilizing for Action through Planning and Partnerships (MAPP) framework guided the development of Duval County's CHA and CHIP. The MAPP framework helps communities conduct a comprehensive community health assessment, identify and prioritize public health issues, and develop goals and strategies to address them.



The MAPP process consists of 6 phases outlined below:

- **Phase 1: Organize for Success/Partnership Development**
 - Lead organizations begin planning the MAPP process and enlisting other community organizations to participate in the process.
- **Phase 2: Visioning**
 - The community develops a shared vision for Duval County and common values to determine an ideal end point for the MAPP process.
- **Phase 3: The Four MAPP Assessments**
 1. *Forces of Change Assessment*: The impact of forces, such as legislation and technology, that affect the context of the community are evaluated.
 2. *Local Public Health System Assessment*: Comprehensively examines organizations from across multiple sectors and their contribution to the public's health.
 3. *Community Themes and Strengths Assessment*: Examines health issues Duval County residents feel are important and the assets the community possesses to address those issues.
 4. *Community Health Status Assessment*: Investigates health outcomes and quality of life at a detailed level. Health issues are identified and highlighted by gathering data for a variety of indicators and analyzing differences across time periods, among population subgroups, or with peer, state, or national data.
- **Phase 4: Identify Strategic Issues**
 - This phase takes data from all four assessments and identifies the most critical issues that must be addressed for Duval County to achieve its vision.
- **Phase 5: Formulating Goals and Strategies**
 - After identifying a list of strategic issues, broader goals addressing these issues are created and specific strategies to meet these goals are developed.
- **Phase 6: Action Cycle**
 - Strategies are planned, implemented, and evaluated in a continuous cycle which celebrates successes and adapts to new challenges.

Forces of Change Assessment

The Forces of Change (FoC) Assessment is used in the MAPP process to identify the trends, factors, and events that are likely to influence community health and quality of life, or impact the work of the local public health system in Duval County. This assessment results in a comprehensive, focused list identifying key forces affecting health in Duval County. The FoC assessment answers the following questions:

- What is occurring or might occur that affects the health of the community or the local public health system?
- What specific threats and opportunities are generated by these occurrences?

NACCHO's MAPP planning manual was used to design the FoC Assessment. In February 2016, 15 key community stakeholders that are members of the larger Duval County MAPP Steering Committee convened to conduct the Forces of Change (FoC) Assessment. The committee identified a list of trends, factors, and events that could affect the health of Duval County in the next two to three years.

- Trends are patterns over time such as migration in and out of a community or a growing disillusionment with governments.
- Factors are discrete elements such as a community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway.
- Events are one-time occurrences such as a hospital closure, a natural disaster, or the passage of new legislation.

Methodology

To identify forces impacting the local public health system, meeting attendees were placed in small groups to explore the economic, environmental, political, scientific, social, and technological forces that impact Duval County and its public health system. For each identified force, potential threats and opportunities were brainstormed.

Overview of FoC Results

Table 1 summarizes the forces, threats posed, and opportunities created during the FoC Assessment. The MAPP Steering Committee reviewed all identified forces and selected those which were most significant in Duval County (see below).

- | | |
|---------------------------|---------------------|
| • Adult/Childhood Obesity | • Food Availability |
| • Affordable Care Act | • Infant Deaths |
| • Built Environment | • Mental Health |
| • Employment | • Social Media |
| • Education | • Substance Abuse |

Forces of Change Assessment Results.

Forces	Threats Posed	Opportunities Created
Economic		
Employment	<ul style="list-style-type: none"> • Less access to insurance • Impact on educational opportunities • Lack of living wage jobs • Lack of diversity in jobs • Outsourcing of business 	<ul style="list-style-type: none"> • Increased minimum wage • Increased equity in employment • Advocacy for better jobs • Greater focus on workforce development
Education	<ul style="list-style-type: none"> • Cost of education • Debt from student loans • Students not adequately prepared • Inequity in educational opportunities 	<ul style="list-style-type: none"> • Greater focus on early career and workforce preparedness • Potential for student loan forgiveness • Greater focus on college readiness
Income inequality	<ul style="list-style-type: none"> • Leads to educational inequality • Creates transgenerational poverty • Potential for increase in crime • Creates limited opportunities • Related to health disparities 	<ul style="list-style-type: none"> • Potential to organize for social change • Greater focus on education and skills training • Greater focus on job creation
Rising health care costs	<ul style="list-style-type: none"> • Inadequate physician reimbursement may reduce access • Doctors less likely to volunteer services • Lack of providers • Difficulty finding providers that accept insurance • Inability to pay co-pays and deductibles • Results in delays in seeking care 	<ul style="list-style-type: none"> • Creation of corporate health care • Focus on removing economic barriers • Potential for consolidating provider practices • Potential for new models for service delivery • Health care reform • Greater focus on employee wellness
Forces	Threats Posed	Opportunities Created
Environmental		
Breathing issues	<ul style="list-style-type: none"> • High prevalence of breathing issues in adults and youth 	<ul style="list-style-type: none"> • Focus on Land Reuse initiatives • Improvement in water quality
Built environment	<ul style="list-style-type: none"> • Lack of walkways and trails discourages physical activity • Reduced feelings of safety • Lack of access to healthy food • Lack of access to transportation 	<ul style="list-style-type: none"> • Creation of safe public spaces that encourage active lifestyles • Greater focus on walking, jogging, and biking trails • Potential to improve transportation
Climate change	<ul style="list-style-type: none"> • Potential for increased flooding • Potential for increased number of and severity of weather events • Potential for health consequences 	<ul style="list-style-type: none"> • Greater focus on sources of clean energy • Increased government regulation • Creation of green spaces • Increased awareness of impact of environmental changes on health • Increased preparedness for emergencies

Food deserts	<ul style="list-style-type: none"> • Grocery stores without healthy food • Limited access to nutritional food • Creates barrier to healthy eating • Price of healthy food vs. unhealthy food • Related to increases in obesity, diabetes, and other chronic diseases 	<ul style="list-style-type: none"> • Potential to increase access to healthier/more affordable food • Increase in number of farmer's markets • Increase in number of community gardens
Forces	Threats Posed	Opportunities Created
Political		
Affordable Care Act	<ul style="list-style-type: none"> • Many factors still unknown • Possible changes in standard of care • Financial impact • Monthly premium is a financial burden 	<ul style="list-style-type: none"> • Increased health insurance coverage and access to care • Potential for changes in service delivery models
Funding changes	<ul style="list-style-type: none"> • Uncertain funding for public health activities 	<ul style="list-style-type: none"> • Potential for new funding streams • Potential for new partnerships
Infrastructure	<ul style="list-style-type: none"> • Potential for deferred maintenance 	<ul style="list-style-type: none"> • Greater focus on employment and revitalization
Leadership agendas	<ul style="list-style-type: none"> • Influenced by different regimes 	<ul style="list-style-type: none"> • Potential for politician as a community champion
Lobbying	<ul style="list-style-type: none"> • Influences political opinion • Impacts policy development 	<ul style="list-style-type: none"> • Potential to bring critical issues to the forefront
Political polarization	<ul style="list-style-type: none"> • Dismantling of public service programs 	<ul style="list-style-type: none"> • Greater involvement of nonprofits in service delivery
Forces	Threats Posed	Opportunities Created
Scientific/Technological		
Advancement in medicine leading to longer life	<ul style="list-style-type: none"> • Lack of resources to support longer life • Strain on existing resources may lead to increased fees 	<ul style="list-style-type: none"> • Greater focus on aging population
Electronic medical record	<ul style="list-style-type: none"> • Information security/HIPPA concerns 	<ul style="list-style-type: none"> • Increased access to information • Increased quality of care • Improved client service
Social media	<ul style="list-style-type: none"> • Potential for distribution of inaccurate information 	<ul style="list-style-type: none"> • Increased access to client base that utilizes social media
Medical innovation	<ul style="list-style-type: none"> • Increased cost • Availability of funding 	<ul style="list-style-type: none"> • Increased quality of life • Improved diagnostic and treatment capabilities
Partnerships with Universities	<ul style="list-style-type: none"> • Competing interests • Set up unsustainable initiatives 	<ul style="list-style-type: none"> • Increased research and innovation • Increased collaboration
Forces	Threats Posed	Opportunities Created
Social		
Access to quality care	<ul style="list-style-type: none"> • Patients in some areas travel considerable distances to obtain health care • Stigma can decrease access to quality care 	<ul style="list-style-type: none"> • Well-placed ancillary services can support multiple providers more efficiently • Focus on the provision of culturally competent care
Adult and childhood obesity	<ul style="list-style-type: none"> • Negative impact on overall quality of life 	<ul style="list-style-type: none"> • Focus on nutrition education and wellness programs

	<ul style="list-style-type: none"> • Negative impact on personal and family health • Increase in health care and employer costs 	<ul style="list-style-type: none"> • Promotion of healthy lifestyles • Local and state government participation in efforts to reduce obesity • Creation of resources to assist residents in losing weight, improving diet, becoming active
Breakdown of family unit	<ul style="list-style-type: none"> • Lack of caregivers to take care of older adults • Potential for transgenerational poverty 	<ul style="list-style-type: none"> • Greater focus on supporting families
Bullying	<ul style="list-style-type: none"> • Reduced educational attainment • Increase in depression • Increase in suicide rates 	<ul style="list-style-type: none"> • Greater focus on creating safe and supportive environments for all
High crime rate	<ul style="list-style-type: none"> • Increased morbidity and mortality • Decreased opportunities for outdoor physical activity • Increased stress • Decreased public safety 	<ul style="list-style-type: none"> • Increased police presence • Ability to understand underlying and contributing factors • Potential to bring community together around topic
High infant mortality rate	<ul style="list-style-type: none"> • Impact on physical and mental well-being of family • Increase in co-sleeping for safety reasons • Impaired caregivers • Increased cost associated with preterm and low birth weight infants • Indicator of overall population health 	<ul style="list-style-type: none"> • Greater focus on prenatal care and education programs • Greater knowledge of risk factors • Improved access to prenatal and maternity care
Increase in mental health issues	<ul style="list-style-type: none"> • Increased prevalence of suicide • Potential for intergenerational impact • Increased morbidity and mortality • Lack of access to quality mental health care • Limited funding for mental health 	<ul style="list-style-type: none"> • Increased awareness and reduced stigma • Increased access to mental health care • Training for mental health screening and referral • Enhanced collaboration between agencies providing needed services
Increase in prescription drug use	<ul style="list-style-type: none"> • Increased physical and mental illness • More family and marital problems • Limited substance abuse services 	<ul style="list-style-type: none"> • Florida has a prescription drug monitoring program
Refugee population	<ul style="list-style-type: none"> • Increased need for bilingual health care providers, written materials, signage • Increased need for cultural competency • Potential to experience discrimination 	<ul style="list-style-type: none"> • Advocacy for increased resources • Enhanced collaboration between agencies serving refugee population
Socio-economic disparity	<ul style="list-style-type: none"> • Widens the gap between the haves and the have-nots • Impact on health and economic outcomes • More families with unmet needs 	<ul style="list-style-type: none"> • Potential for partnerships that offer more opportunities to the underserved • Greater focus on improving systems to equitably distribute resources
Stigma	<ul style="list-style-type: none"> • Reduces health care and education seeking behaviors 	<ul style="list-style-type: none"> • Potential to create greater awareness, understanding, and support

Local Public Health System Assessment

The Local Public Health System Assessment (LPHSA) is conducted as a part of the MAPP process to measure how well local public health system partners work together to deliver the 10 Essential Public Health Services. This assessment sought to answer the following questions:

- What are the activities, competencies, and capacities of the local public health system?
- How are the 10 Essential Public Health Services being provided to the community?

The local public health system is defined as all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction. This framework recognizes the many entities that contribute to the health and well-being of a community, including:

- Public health agencies at state and local levels
- Healthcare providers
- Public safety agencies
- Human service and charity organizations
- Education and youth development organizations
- Recreation and arts-related organizations
- Economic and philanthropic organizations
- Environmental agencies and organizations



The 10 Essential Public Health Services are the core public health functions that should be undertaken by every community, and they provide a framework for the LPHSA. The public health wheel below shows the three core functions of public health (Assessment, Policy Development, and Assurance) that revolve around the wheel of the 10 Essential Public Health Services.



ES 1: **Monitor health status** to identify and solve community health problems.

ES 2: **Diagnose and investigate** health problems and health hazards in the community.

ES 3: **Inform, educate, and empower** people about health issues.

ES 4: **Mobilize community partnerships** and action to identify and solve health problems.

ES 5: **Develop policies and plans** that support individual and community health efforts.

ES 6: **Enforce laws and regulations** that protect health and ensure safety.

ES 7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

ES 8: **Assure a competent** public and personal health care **workforce**.

ES 9: **Evaluate effectiveness, accessibility, and quality** of personal and population-based health services.

ES 10: **Research for new insights** and innovative solutions to health problems.

Methodology

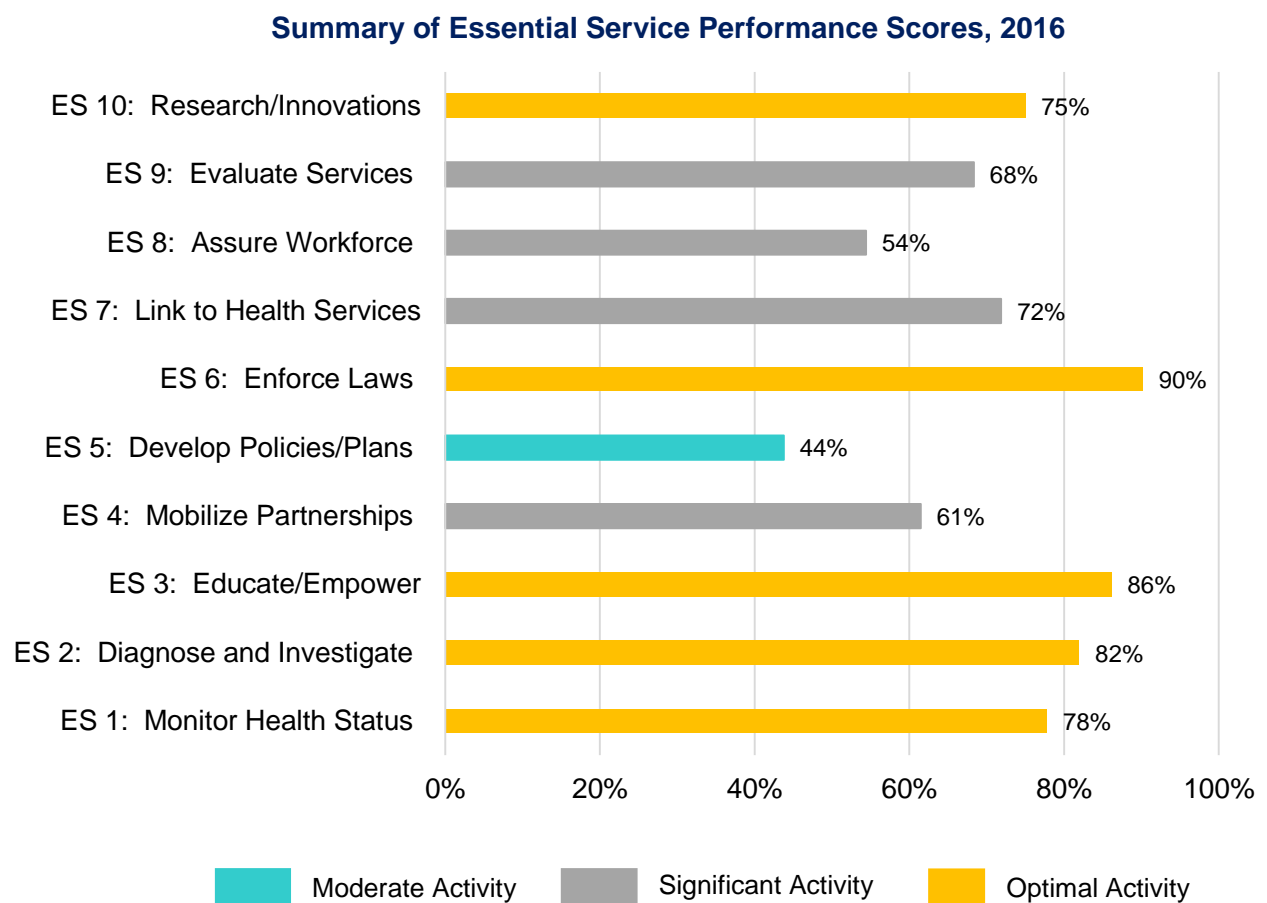
DOH-Duval facilitated the LPHSA using the National Public Health Performance Standards (NPHPS) instrument. The LPHSA was completed via facilitated small-group discussion over the course of four Partnership meetings. Partnership members reviewed and discussed each of the 10 Essential Public Health Services, and then reached consensus on how to score each category. By sharing their diverse perspectives, all participants gained a better understanding of each organization's contributions, the interconnectedness of activities, and how the local public health system can be strengthened.

Results

A performance score was calculated for each essential service based on standards from the NPHPS. Scores range from a minimum value of 0% (no activity is performed) to a maximum of 100% (all activities associated with the standard are performed at optimal levels). Performance scores fall into the following categories:


- Optimal activity: 75%–100% of the activity is met
- Significant activity: 50%–74% of the activity is met
- Moderate activity: 25%–49% of the activity is met
- Minimal activity: 1%–24% of the activity is met
- No activity: 0% of the activity is met

The chart below summarizes the LPHSA results for Duval County: 50% of the essential services were scored optimal, 40% were scored significant, and 10% were scored moderate. As can be seen, Duval County did not score below moderate activity for any essential service.



When compared to LPHSA results from 2012, Duval County improved in all essential services except essential services 5 and 8.

Summary of Performance Scores by Essential Service, 2012/2016 Comparison

Model Standards by Essential Services	Performance Score 2016
ES 1: Monitor health status to identify community health problems	78% 
ES 2: Diagnose and investigate health problems/hazards	82% 
ES 3: Inform/educate/empower people about health issues	86% 
ES 4: Mobilize partnerships to identify/solve health problems	61% 
ES 5: Develop policies to support individual & community health	44% 
ES 6: Enforce laws/regulations that protect health & ensure safety	90% 
ES 7: Link people to needed health services	72% 
ES 8: Assure a competent public health workforce	54% 
ES 9: Evaluate effectiveness/accessibility/quality of health services	68% 
ES 10: Research for new insights to health problems	75% 

Overall LPHSA Results

The LPHSPA assessment can help identify strengths and weaknesses and determine opportunities for improvement. Results of the LPHSA in Duval County indicated that the following opportunities for improvement exist in the local public health system:

- Governmental presence at the local level
- Public health policy development
- Community health improvement process and strategic planning
- Linkage of people to personal health services
- Workforce assessment, planning, and development

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment (CTSA) gathers the community's perspective on health and quality of life in Duval County. The CTSA focused on gaining the thoughts, opinions, and perceptions of community members to develop a meaningful understanding of the issues impacting Duval County. The CTSA answers the following questions:

- What is important to the community?
- How is quality of life perceived in the community?
- What assets does the community have that can be used to improve community health?

Recognizing that a single method may not adequately capture the community's perspective, two approaches were utilized to complete the CTSA. The first approach involved a community health survey that was distributed through the MAPP Steering Committee. The second approach was completed in collaboration with not-for-profit hospitals in Duval County that were conducting a Community Health Needs Assessment (CHNA). As part of this process, key informant interviews, focus groups, and town hall meetings were conducted that gathered more in depth information from community residents about health and quality of life in Duval County.

Community Health Survey

A community health survey for Duval County was developed to gather input from a broad spectrum of those who live, work, learn, and play in Duval County. Existing partnerships across the community and local public health system were utilized to distribute the survey. The survey was developed based on a review of CTSA surveys conducted in other communities. The MAPP Steering Committee reviewed and provided feedback on the survey prior to distribution. The 26-item survey (18 health questions; 8 demographic questions) was completed by 513 individuals between May – June 2016 via paper-pencil surveys and via www.surveymonkey.com. The survey collected community input in four substantive areas:

- Perceptions of overall health and quality of life in Duval County
- The most important health concerns facing Duval County
- The greatest community strengths in Duval County
- Factors that would most improve health and quality of life in Duval County
- Barriers to accessing health care in Duval County

Demographics

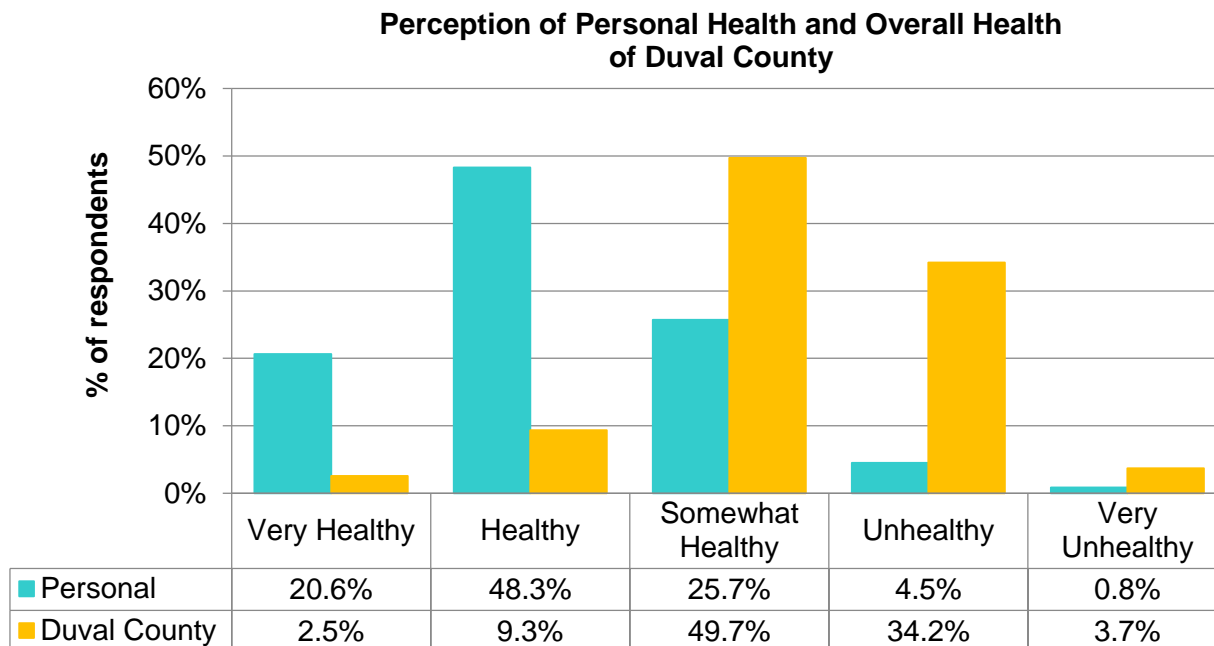
The CTSA was completed by 531 Duval County residents. The majority of survey respondents were residents of Health Zone 2 (25%), female (73%), and white (53%). Approximately 14% reported having a high school diploma or GED as their highest level of education and 28% reported having a Bachelor's degree. Please see the table below for a more detailed summary of the demographic data.

CTSA Survey Demographic Profile

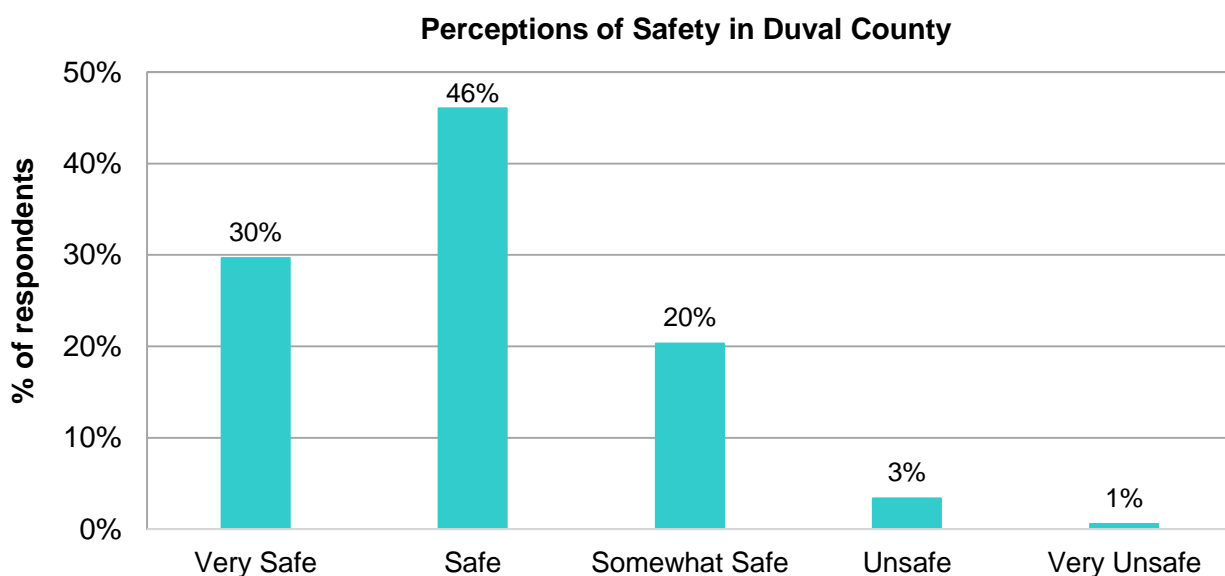
Demographic Characteristic	Percent
Age	
0-17	0.6%
18-24	7.9%
25-34	19.2%
35-44	22.0%
45-54	14.7%
55-64	22.3%
65+	9.3%
Unknown	4.0%
Gender	
Male	20.1%
Female	73.4%
Transgender	2.3%
Unknown	4.2%
Education	
Elementary/Middle School	1.7%
High School Diploma or GED	13.8%
Some College	15.5%
Technical/Community College	4.5%
Bachelor's/4 year College degree	28.0%
Graduate/Advanced degree	32.8%
Unknown	3.7%
Race/Ethnicity	
White	53.4%
Black	33.3%
Hispanic	5.1%
Asian/Pacific Islander	1.7%
Unknown	6.5%
Health Zone	
1	16.4%
2	24.9%
3	13.3%
4	15.8%
5	9.9%
6	6.8%
Unknown	13.0%

Perceptions of Health and Quality of Life in Duval County

Respondents were asked to rate their health, as well as the overall health of Duval County. As can be seen in the figure below, approximately 70% of respondents rated themselves as either Very Healthy (21%) or Healthy (48%). In comparison, only 12% of respondents rated the overall health of Duval County as either Very Healthy (3%) or Healthy (9%).

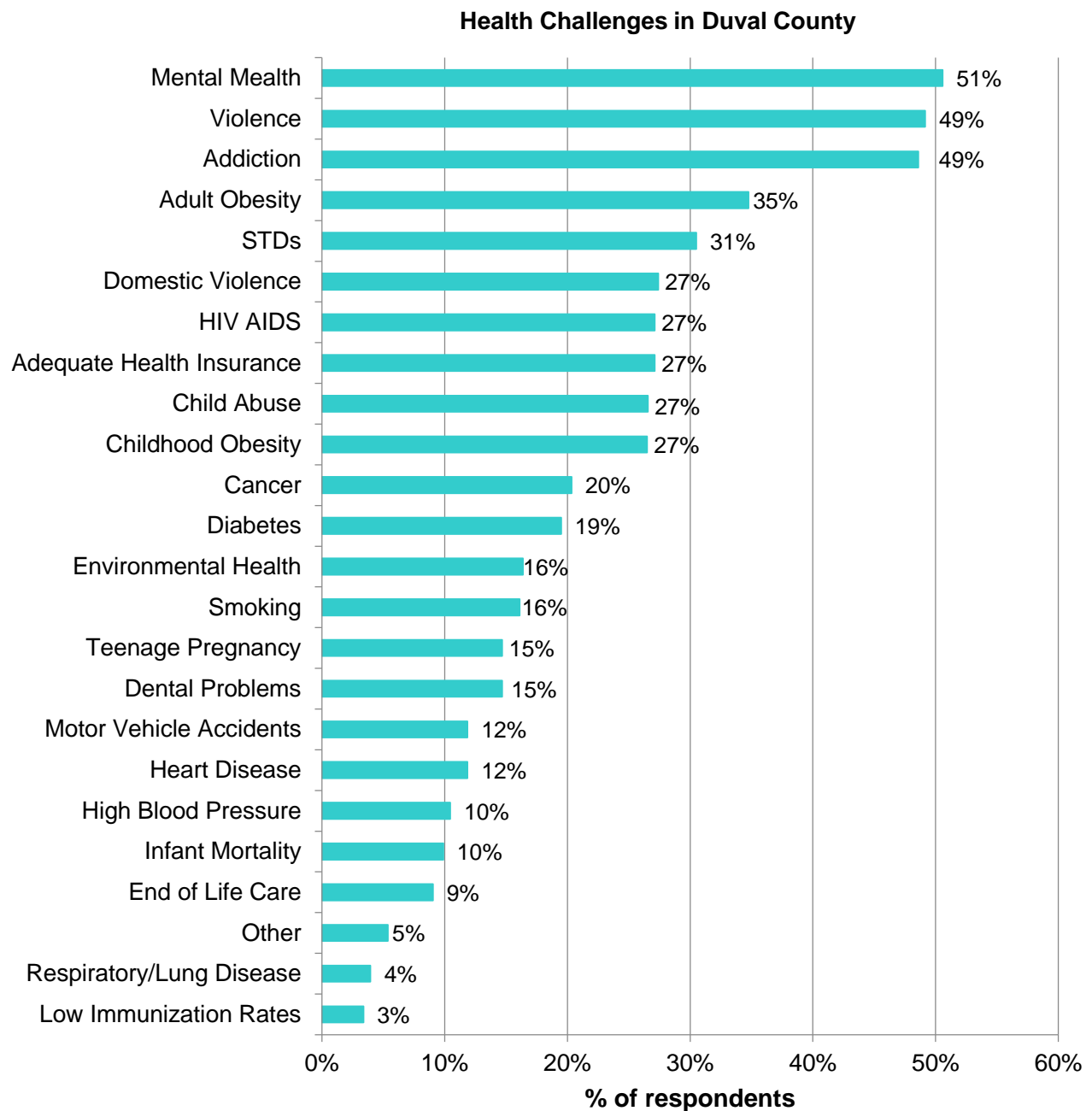


In addition, approximately 3 in 4 respondents reported that they felt either Very Safe (30%) or Safe (46%) in Duval County.



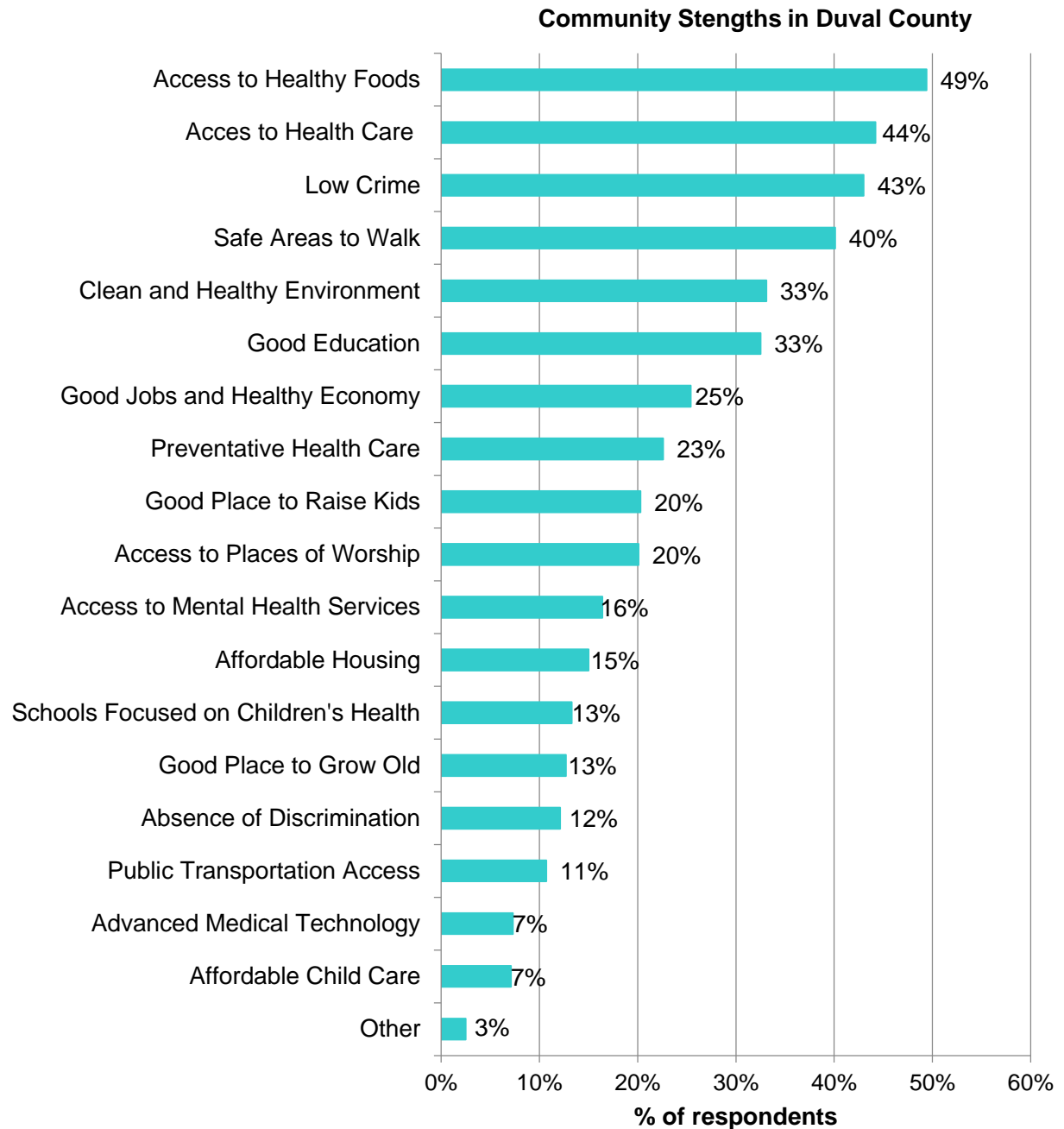
Health Challenges

Respondents were asked to select the most important health challenges facing Duval County. Mental health, violence, addiction, adult obesity, and sexually transmitted diseases (STDs) were identified as the top health challenges facing Duval County. Please see below for a summary of the results.



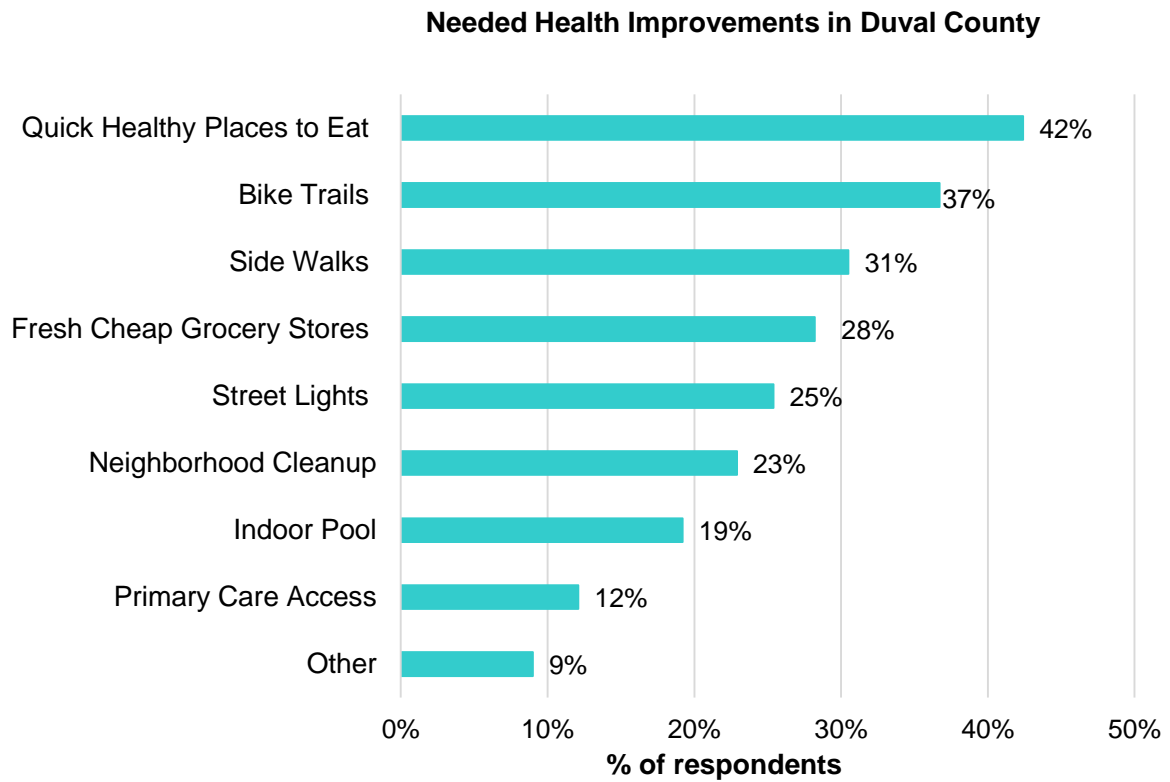
Community Strengths

Respondents were asked to select the most important health assets that encourage Duval County residents to be healthy. Access to healthy food, low crime, safe areas to walk, health care access, and a clean and healthy environment were selected as the most important community assets. Please see below for a summary of the results.



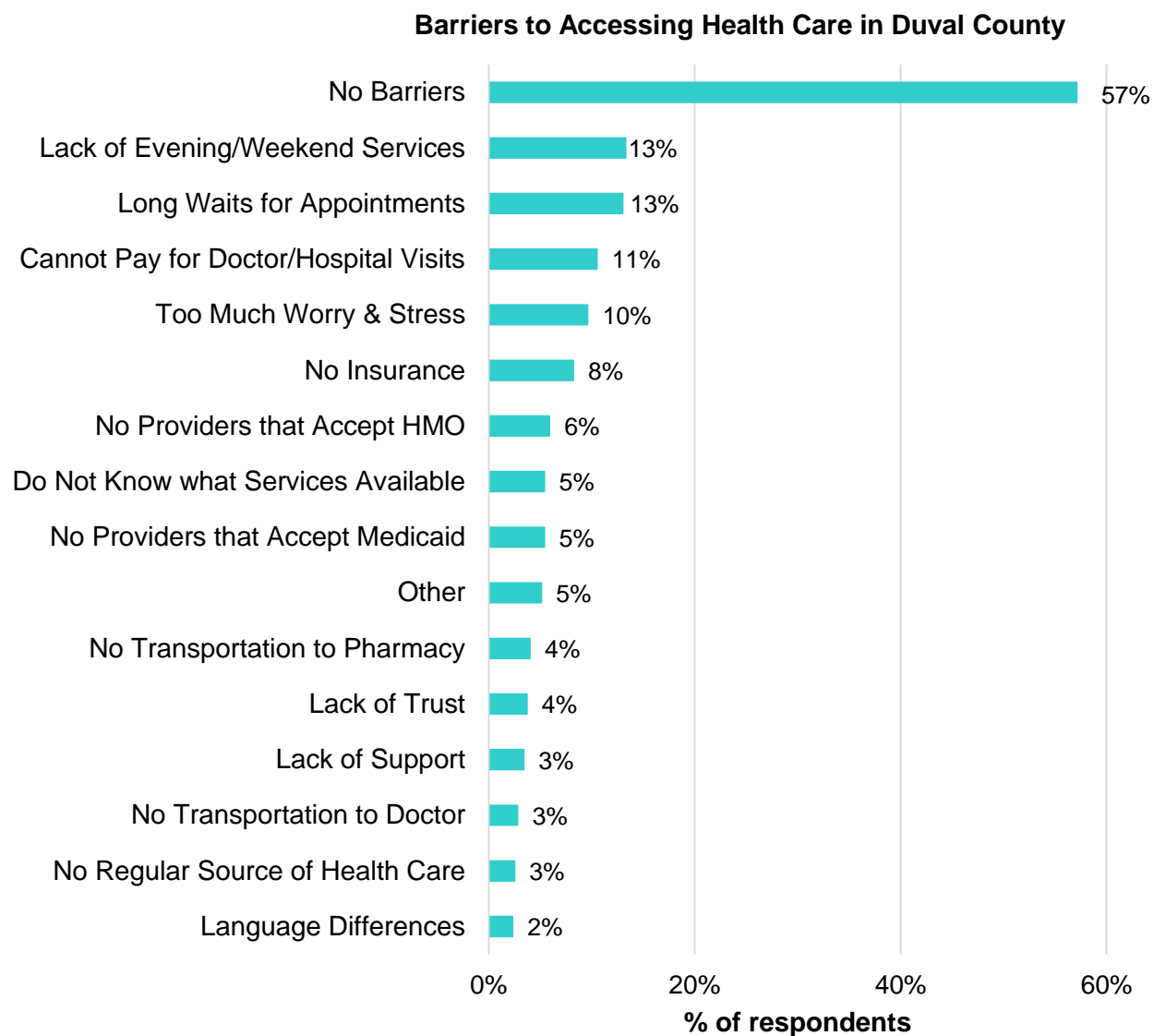
Health Improvement Opportunities

Respondents were asked to select what is needed in Duval County to increase their ability to be healthy. Quick and healthy places to eat, bike trails, sidewalks, grocery stores with fresh, reasonably priced choices, and street lights were selected as the most needed health improvements. Please see below for a summary of the results.



Barriers to Accessing Health Care

Respondents were asked to select which barriers they face when accessing health care in Duval County. Approximately 57% of respondents reported that they experienced no barriers to accessing health care in Duval County. For those experiencing barriers, lack of evening/weekend hours, long waits for appointments, inability to pay for health care services, and too much worry and stress were most frequently reported. Please see below for a summary of the results.



Key Informant Interviews, Focus Groups, and Town Hall Meetings

Community input was gathered through a total of 23 key informant interviews, focus groups, and town hall meetings in Duval County in collaboration with local not-for-profit hospitals conducting a CHNA. The 114 participants that took part in this process provided insight on a wide range of community health issues, including barriers to accessing health services, prevalence of certain health conditions, social determinants of health, and health disparities faced by the residents of Duval County.

Local community health experts were identified and selected to participate as key informants. Additionally, community health experts assisted in the design, marketing, and implementation of focus groups and town hall meetings to promote participation from the target populations identified. Transcripts were coded from the interviews and meetings to assess the frequency with which community health issues were mentioned. In addition, severity ratings were also assigned on a scale ranging from 0 (Doing well) to 4 (High severity).

Total Interviews and Meetings Included in Qualitative Analysis

Type of Interview	Number of Interviews
Duval County	23
Focus groups	8
Key informant interviews	11
Town hall meetings	4

Individuals Providing Community Input

Focus groups and town hall meetings provided insight from individuals who represent the broad interests of Duval County and the demographics of the participants are summarized in table below.

Demographics of Focus Group and Town Hall Meeting Participants

Demographic Characteristic	Duval County N (%)
Race/Ethnicity	
Caucasian	37 (35.9%)
Black	53 (51.5%)
Hispanic	5 (4.9%)
Other/Not reported	8 (7.7%)
Language Other than English	
Spanish	11 (10.7%)
None	85 (82.5%)
Other/Not reported	7 (6.9%)
Education	
GED	3 (2.9%)
High school graduate	22 (21.4%)
Associate's degree	20 (19.4%)
Bachelor's degree	23 (22.3%)
Master's degree	11 (10.7%)
Doctorate degree	6 (5.8%)
Not reported	18 (17.5%)
Insured	
Yes	99 (96.1%)
No	4 (3.9%)
Parent	
Yes	56 (54.4%)
No	33 (32.0%)
Not reported	14 (13.6%)

Key informant interviews were conducted to gather input from public health experts. The table below depicts the various public health professions and target populations represented in the key informant interviews.

Description of Key Informant Population Representation

Organization	Public Health Professions	Populations Represented
City of Jacksonville Disabled Services	Staff Member	Disabled Children
Private Practice	Medical Doctors, and Nurses	General population Low income Elderly Mental health Minorities
Hispanic Ministries	Social Services Staff	Immigrants Hispanics Low income Underinsured/Uninsured
University of North Florida	Professor and Community Activist	General population College students Multiple cultures
Nemours	Pediatrics Researcher	General population Children
Sulzbacher Center	Homeless/Low Income Health Coordinators, Nurse	Low income Homeless Mentally ill Uninsured Children
Northwest Jacksonville Community Development Corporation	Community Organizer	Minorities Low income General population
Jacksonville Fire & Rescue Department	Rescue Personnel	General population Low income Elderly Youth Uninsured/Underinsured Mentally ill Minorities Cultural competency
DOH-Duval	Senior Leader	General population Low income Youth Elderly Uninsured/Underinsured
Private Practice and DOH-Duval Staff	Mental Health Professionals	Mentally ill, all ages Low income

Key Informant Interview, Focus Group, and Town Hall Meeting Results

The following issues were identified as those of greatest concern to community health in Duval County, and are presented in general order of importance.

Insufficient Health Education

Individuals providing input often discussed an overall lack of health education as a major contributor to health issues in Duval County. Many mentioned that Duval County residents are not informed about nutrition, correct usage of medication, or provided adequate sex education. In order to improve the health of Duval County residents, many participants suggested the need for education on healthy eating habits and the benefits of a nutritional diet. Additionally, many expressed concern that residents lacked knowledge about how to effectively navigate the health care system. Long wait times to speak with insurance representatives, care coordinators, and reoccurring loops in procedures to apply for assistance programs presented as barriers to seeking care and delays in receiving care. Education on how to navigate the health care system more efficiently and how to communicate more effectively with providers was recognized as a key part of empowering patients to become more involved in their healthcare.

Access Issues

One of the chief barriers to improving community-wide health outcomes is the inability to access available resources. Causes of inaccessibility include, but are not limited to, lack of knowledge of available services, transportation, lack of affordable care, and unaffordable health insurance. The interviews and meetings revealed that these social determinants of health disproportionately affect Duval County's low socioeconomic status groups, elderly populations, and minority populations.

Lack of Knowledge about Services. A common theme throughout the interviews and meetings was that Duval County residents often lack knowledge of the services and resources that are available to assist them in reaching and maintaining positive health outcomes. Although this was identified as a concern for residents in general, those lacking English proficiency and the elderly were reported as populations more likely to have low knowledge of available services. Moreover, lack of knowledge about available services was identified as an issue not only for those seeking services, but also among providers and others involved in the healthcare system. Overall, there was consensus for the need for a centralized resource center in the community that focuses on connecting people to services.

Lack of Transportation. Individuals providing input expressed concern about a lack of reliable public transportation that made it difficult to access health care services. Lack of reliable transportation significantly impacts low-income, elderly, and disabled residents, and those who travel long distances for care or live in the Northside of Jacksonville. Transportation barriers contribute to missed appointments and failure to seek care for health concerns. In order to overcome transportation barriers to accessing health care, it was recommended that JTA implement additional routes, an alternate transportation system, or taxi discount vouchers for the low income, elderly, or disabled populations.

Lack of Affordable Care and Low Usage of Preventative Care. A common theme throughout the interviews and meetings was concern about both the cost of health services for primary care and low usage of preventative care services. Lack of access to affordable care was reported to greatly impact residents that are low-income, working poor, uninsured or underinsured, immigrants, and those that are undocumented. It was reported that lack of access to affordable health care commonly results in overuse of the emergency room. An associated concern was related to difficulty accessing physicians and specialist services. Participants described difficulty accessing services for rehabilitative care, prenatal care, mental health care, and dental care.

Lack of Access to and Affordability of Insurance. Lack of access to affordable health insurance was described as a major concern in Duval County, particularly for lower-income, lower-middle class, and elderly residents. Minority populations, recent immigrants, and undocumented people were

also described as being greatly impacted by unaffordable insurance.

Poor Mental Health and Lack of Access to Mental Health Services

The vast majority of participants mentioned poor mental health and lack of mental health resources as a major concern. A number of those participating mentioned that within Duval County, adolescents, sexual minorities, the elderly, and veterans are groups that are more likely to suffer poor mental health outcomes. Concerns were also raised regarding specific groups that experience significant challenges when accessing mental health services, such as those with limited English proficiency, children, and those of low-income.

Chronic Diseases

Chronic diseases were the most frequently raised health issues by the interviewees in Duval County. Overall, diabetes was the single most frequently mentioned condition, followed closely by hypertension, obesity or overweight, and cardiovascular disease.

Health Behaviors

Across all interviews the health behaviors of greatest concern were poor diet and nutrition and limited physical activity. Drug and alcohol use, smoking, and unsafe sex were also discussed. Unhealthy diets were attributed to limited access to healthy foods in many neighborhoods in combination with cultural factors. Insufficient knowledge about nutrition was mentioned in many interviews as a contributing factor to health conditions. Poor parenting skills, particularly among young parents, were commonly cited as a contributing factor to unhealthy behaviors. Specifically, family support, food security, quality time or interactions, and educational support were discussed as key elements that are often missing in young families in Duval County. Increasing access to parental education classes was offered as a solution to this barrier to community health.

Minority Health Needs and Disparities

Health challenges experienced by minorities, including black residents, Hispanic residents, and recent immigrants were frequently mentioned. Health disparities were discussed, and interviewees commented on barriers to care linked to affordability, transportation, knowledge, language, fear and a lack of trust, and cultural differences. Barriers to accessing health care among Duval County's immigrant and minority population was often discussed in terms of limited proficiency in the English language, limited knowledge of the health care system, and distrust of the medical community. Racism was discussed as a contributing factor to the way African Americans are treated by medical providers, who commonly felt that they were perceived as lacking knowledge or financial resources based on their race.

Overall CTSA Results

The MAPP Steering Committee reviewed results from the CTSA to identify the top health challenges facing Duval County.

The most frequently mentioned health concerns in Duval County identified in the community health survey included:

- Addiction
- Violence
- Mental health
- Adult obesity
- STDs

Health priorities identified in town hall meetings, focus groups, and key informant interviews included:

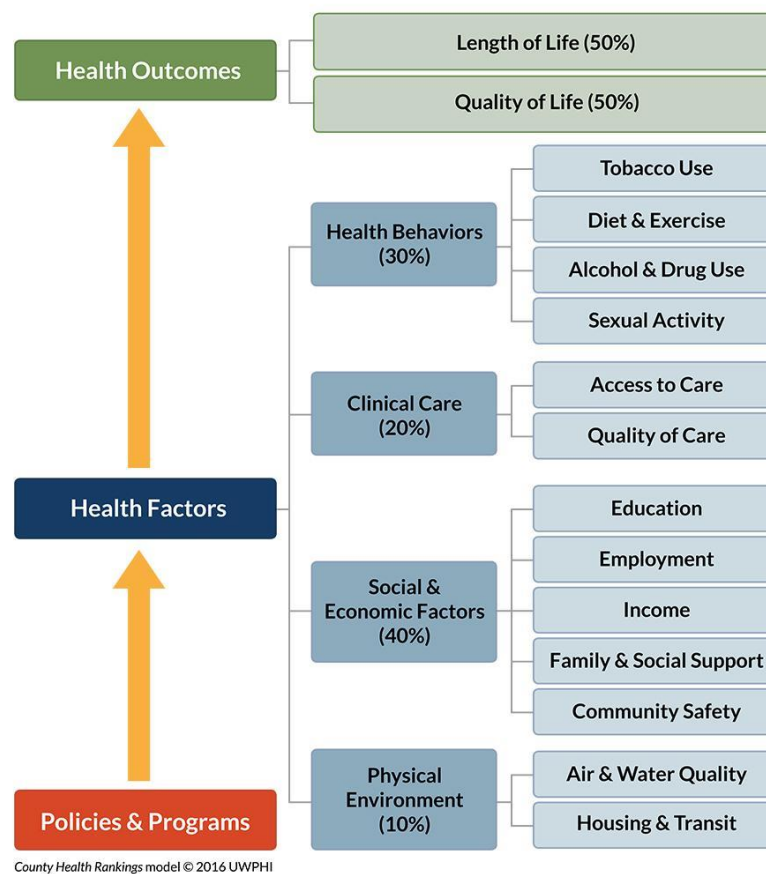
- Insufficient health education
- Lack of knowledge about services
- Lack of transportation
- Lack of affordable care
- Mental health

Community Health Status Assessment

The Community Health Status Assessment (CHSA) provides quantitative data on the health status, quality of life, and risk factors in a community. This assessment answered the following questions:

- How healthy are our residents?
- What does the health status of our community look like?

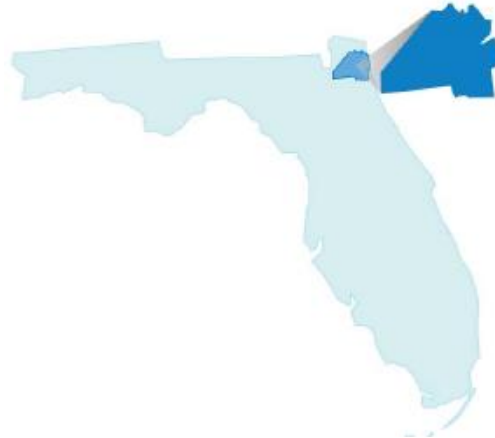
When creating a community in which all residents can achieve optimal health, it is important to consider the multiple factors that influence health. Clinical care has a relatively small impact on the overall health of a community (University of Wisconsin Population Health Institute, 2014). Over the past decade, there has been increased focus on the social, economic, and environmental factors that determine health outcomes. This has resulted in a growing understanding of the impact that the social determinants of health (SDOH), including place, income, and education, have on a person's opportunity to be healthy. The leading SDOHs are differences in income and education which in turn affect health behaviors, environmental exposures, and access to health care. As such, the CHSA examined a broad range of health indicators, including population and socioeconomic characteristics, health resource availability, maternal and child health, morbidity, and mortality.



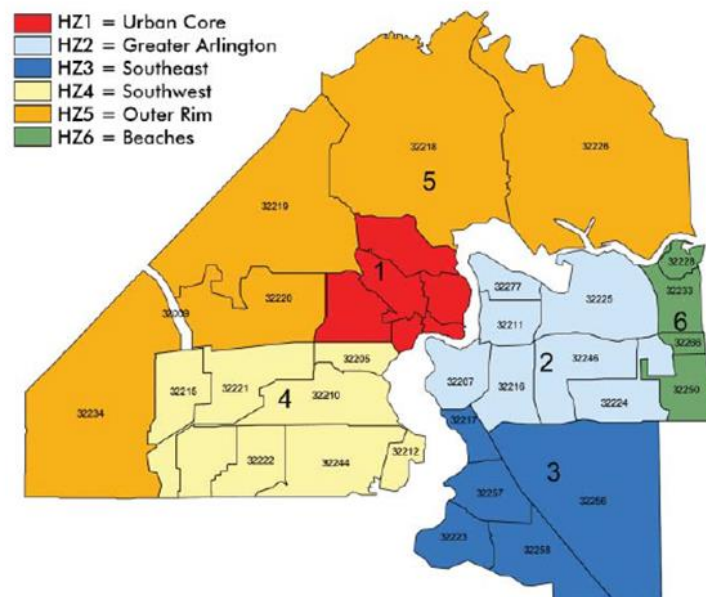
Duval County Overview

Duval County is a consolidated city-county government located on the northeast coast of Florida and includes the cities of Jacksonville, Baldwin, and the beach communities of Jacksonville Beach, Neptune Beach, and Atlantic Beach. Jacksonville is the largest city geographically in the contiguous forty-eight states and Duval County has a land area of over 800 square miles. Duval County has a population of over 900,000 residents. The county is comprised of urban and suburban communities, and pockets of rural areas.

Duval County, Florida



Duval County is divided into six health zones (HZ), each representing different geographic areas of the county – the urban core (HZ1), the greater Arlington area (HZ2), the southeast (HZ3), the southwest (HZ4), the outer rim (HZ5), and the beaches (HZ6). The HZs are based on mutually exclusive zip codes tied to county organization and demographics. Population demographics and health indicators are analyzed across HZs in order to make strategic decisions regarding the allocation of community health resources and services. The map below shows the division of the county by HZ and includes the zip codes within each HZ.



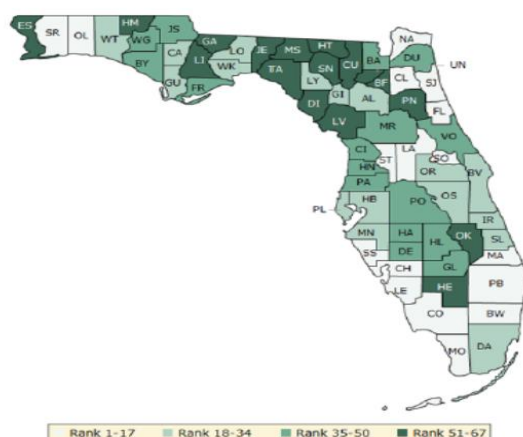
County Health Rankings

Since 2010, the County Health Rankings report, produced by the Robert Wood Johnson Foundation, has ranked counties within states on factors known to impact health outcomes. Ranking the health of counties using a broad range of health factors can mobilize action to improve health outcomes in a community. County Health Rankings are comprised of two main categories:

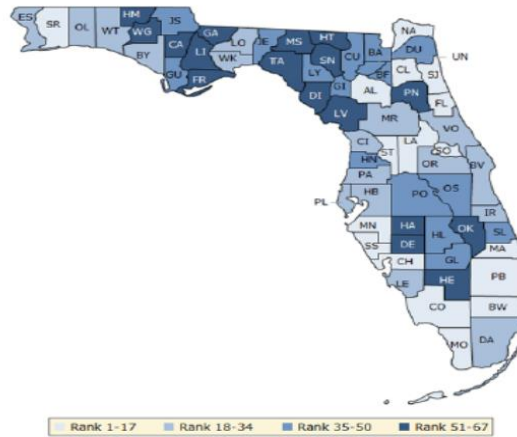
- Health outcomes: Two types of health outcomes are measured – length of life and quality of life.
- Health factors: Four types of health factors are measured – health behaviors, clinical care, social and economic factors, and the physical environment.

Among Florida's 67 counties, Duval County ranked 48th for health outcomes and 35th for health factors in 2016.

Rankings for Health Outcomes, 2016



Rankings for Health Factors, 2016



Duval County's ranking for health outcomes and health factors from 2012 to 2016 are presented in the table below. Although Duval County's overall ranking for health outcomes and health factors worsened during this time period, the ranking for social and economic factors improved from 46th to 35th.

County Health Ranking for Duval County, 2012–2016

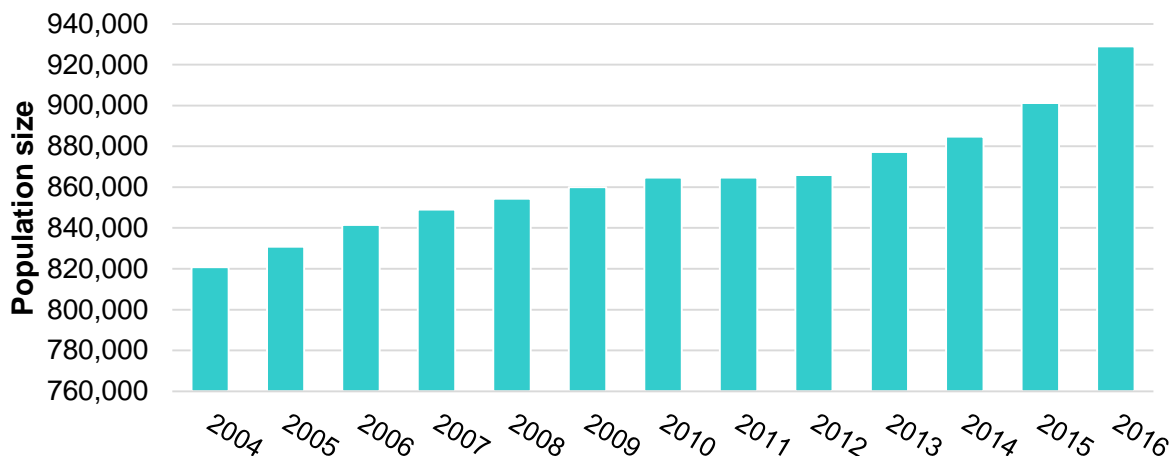
	2012	2013	2014	2015	2016
Health Outcomes	44	47	45	43	48
Length of Life	48	48	48	45	48
Quality of Life	43	44	43	46	49
Health Factors	32	31	30	28	35
Healthy Behaviors	31	29	40	43	38
Clinical Care	12	19	18	14	11
Social and Economic Factors	46	39	35	35	35
Physical Environment	46	39	35	43	58

Source: www.countyhealthrankings.org

Population, Demographic, and Socioeconomic Characteristics

The U.S. Census Bureau estimated that Duval County's population in 2016 was 928,903. Since 2004, Duval County has experienced a 13% growth in population size. Please see the table below for the population estimates of Duval County from 2004 to 2016.

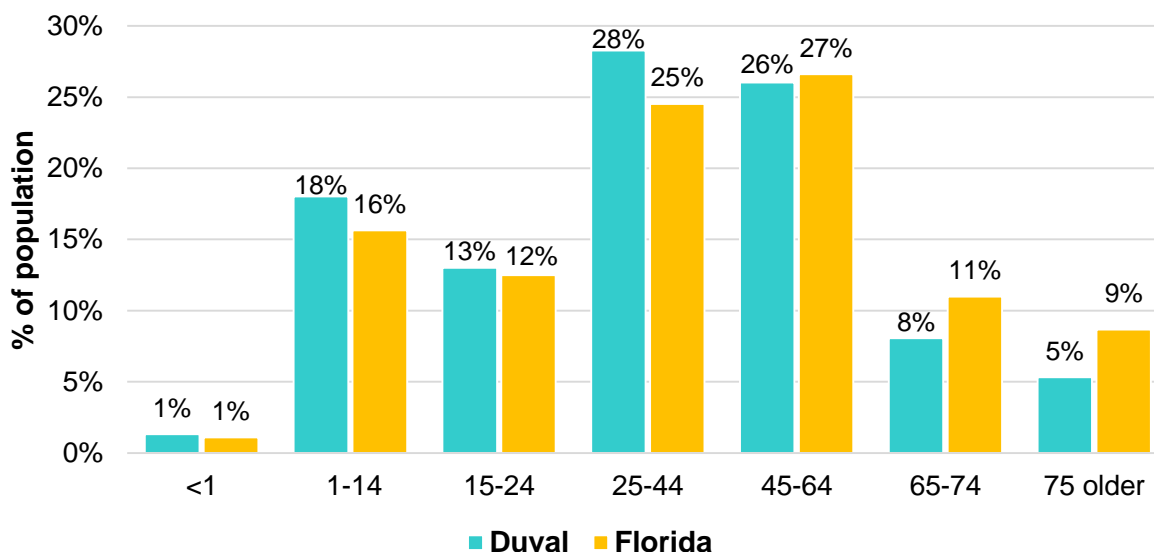
Duval County Population, 2004-2016



Source: www.floridacharts.com

The median age in Duval County is 36.0 years, compared to a median age in Florida of 41.4 years. Approximately 13% of Duval County's population is 65 years or older, compared to 20% of Florida's population. Please see the figure below for additional information on Duval County's and Florida's population by age.

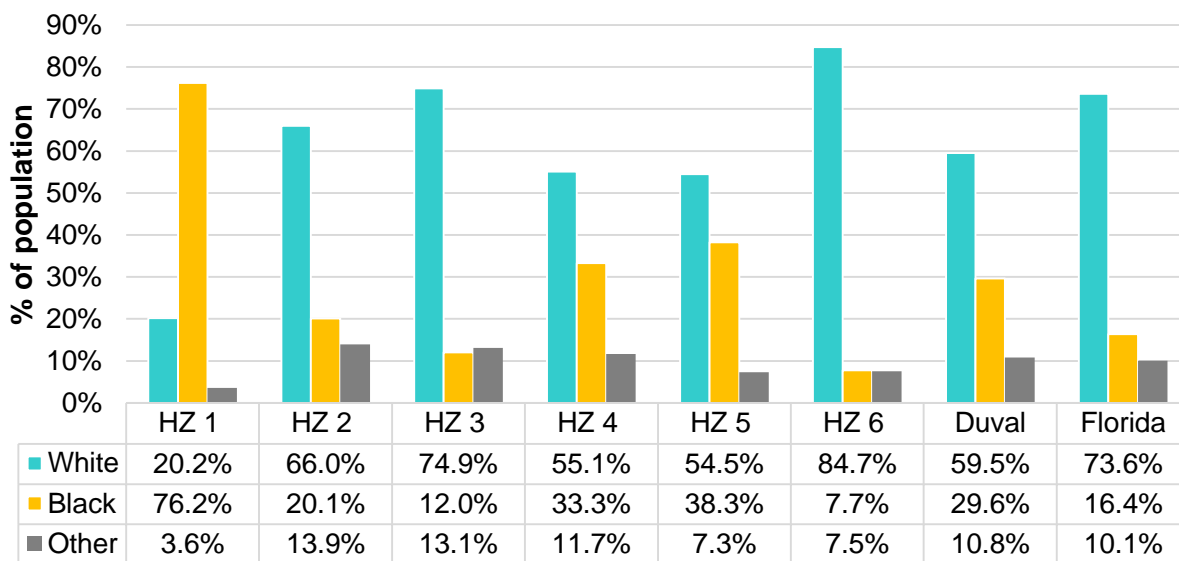
Population by Age, 2016



Source: www.floridacharts.com

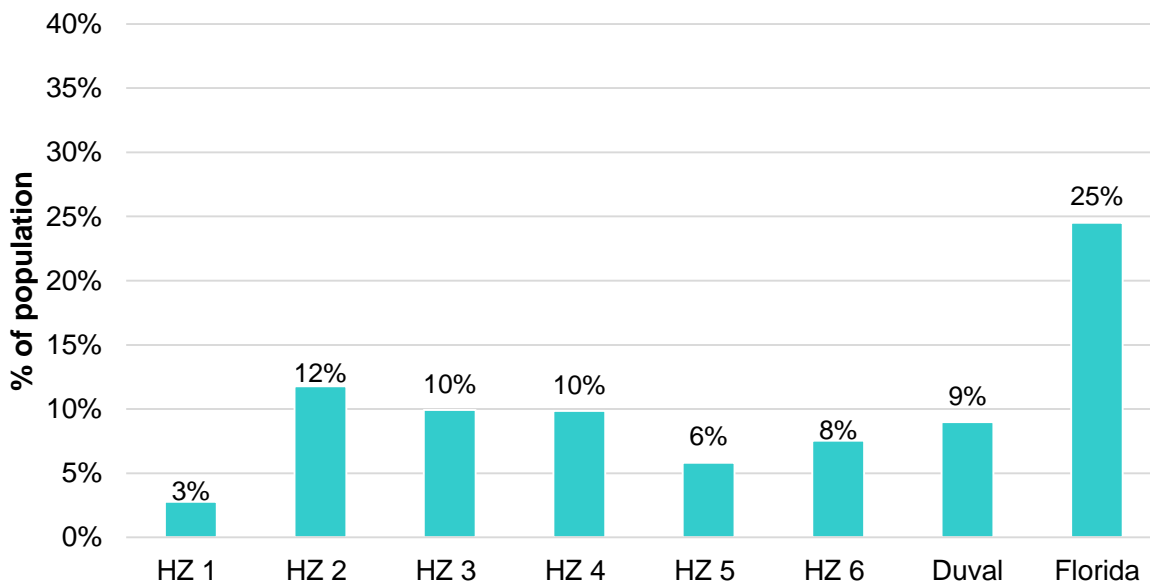
Duval County's population is approximately 60% white, 30% black, and 11% other races. Duval County (30%) has a larger percent of black residents compared to Florida (16%), but there is a smaller Hispanic population in Duval County (9%) than in Florida (25%). The HZs in Duval County vary greatly in their racial and ethnic make-up. In Duval County, over 76% of residents in HZ 1 are black, compared to 12% in HZ 3. Although the Hispanic population is spread throughout Duval County, HZ 2 (12%) has the highest proportion of Hispanic residents.

Population by Race and Location, 2016



Source: www.northeastfloridacounts.com

Hispanic Population by Location, 2016

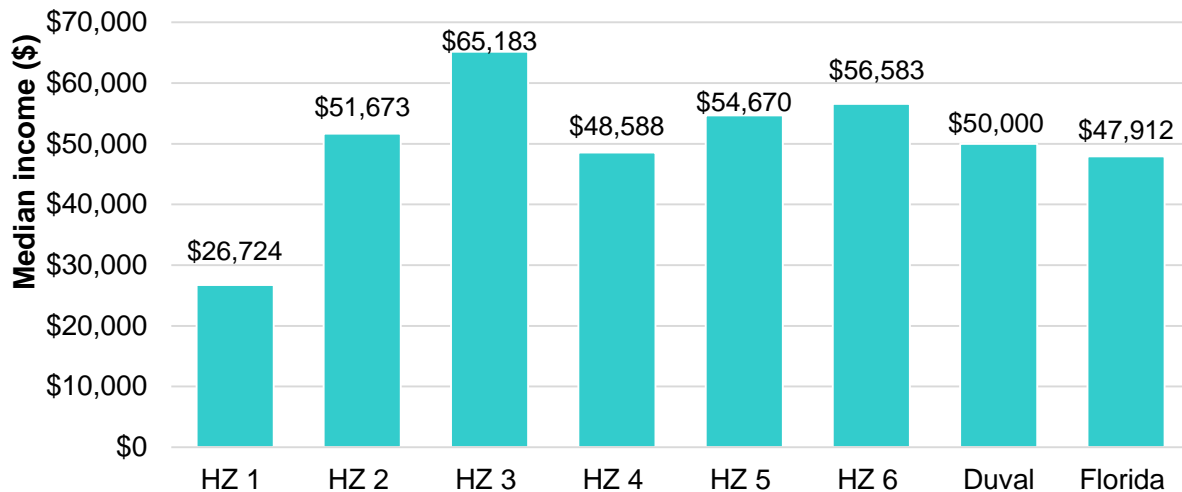


Source: www.northeastfloridacounts.com

Median Household Income

Income is one of the most important predictors of a person's health. Overall, the median household income is slightly higher in Duval County (\$50,000) compared to Florida (\$47,912). However, significant disparities in median household income exist in Duval County. In HZ 1 the median household income is \$26,724, compared to HZ 3 where the median household income is \$65,183.

Median Household Income by Location, 2016

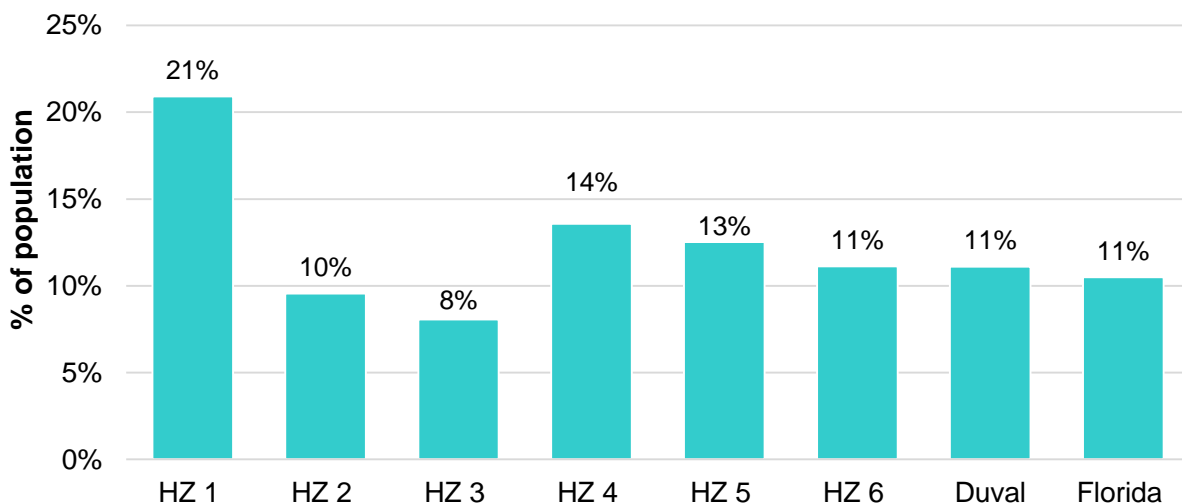


Source: www.northeastfloridacounts.com

Unemployment

Unemployment is associated with a number of factors that impact health, including poor nutrition, unhealthy living conditions, chronic stress, and limited access to healthcare. Approximately 11% of the civilian labor force in Duval County is unemployed, with the highest rate of unemployment in HZ 1 (21%).

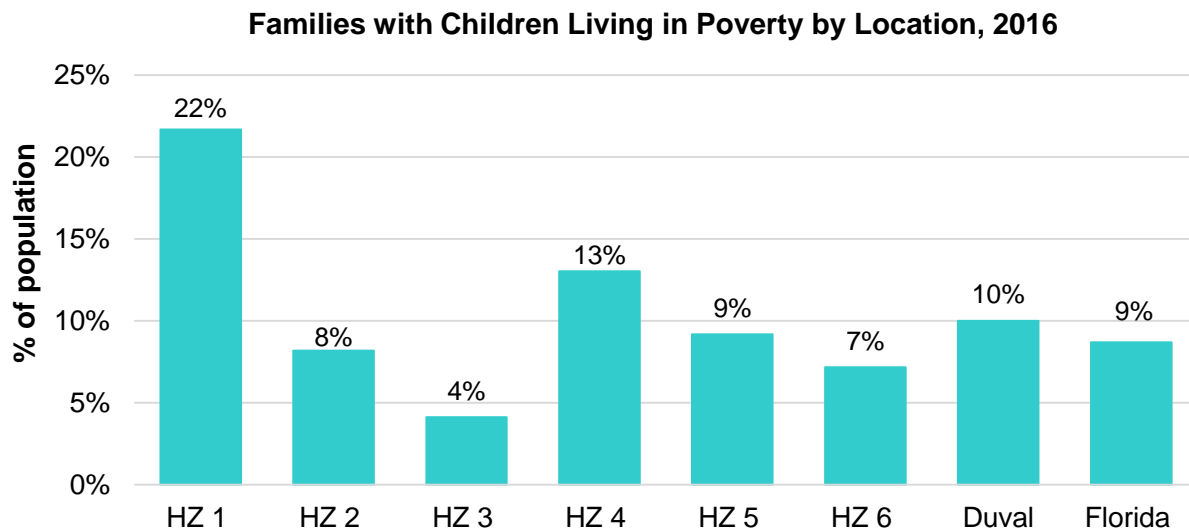
Unemployment by Location, 2016



Source: www.northeastfloridacounts.com

Families Living in Poverty

Poverty is associated with a number of factors that impact health outcomes, including access to nutritious foods, unhealthy housing conditions, and exposure to violence. Approximately 10% of families with children in Duval County live in poverty. The percent of families living in poverty in HZ 1 (22%) is over two times higher than that of most other HZs in Duval County.



Source: www.northeastfloridacounts.com

Education

Education is associated with income, the ability to understand basic health information, and health insurance coverage. As can be seen in the table below, fewer Duval County (11%) residents have less than a high school degree when compared to Florida (13%). HZ 1 had the lowest levels of educational attainment in Duval County, with approximately 22% of residents having less than a high school diploma.

Educational Attainment for Population 25 Years or Older by Location, 2016

Education	HZ 1	HZ 2	HZ 3	HZ 4	HZ 5	HZ 6	Duval	Florida
Less high school graduate	22.3%	9.6%	5.6%	12.5%	13.1%	6.6%	11.1%	13.4%
High school graduate	37.9%	27.5%	20.6%	31.0%	34.0%	23.1%	28.6%	29.7%
Some college, no degree	20.4%	22.4%	23.0%	26.2%	24.5%	22.1%	23.3%	20.7%
Associate's degree	6.1%	10.8%	10.1%	10.8%	9.9%	10.8%	10.0%	9.3%
Bachelor's degree	9.2%	21.1%	26.4%	14.1%	13.0%	24.0%	18.5%	17.3%
Graduate degree	3.6%	7.7%	13.0%	5.0%	4.8%	12.2%	7.6%	8.5%

Source: www.northeastfloridacounts.com

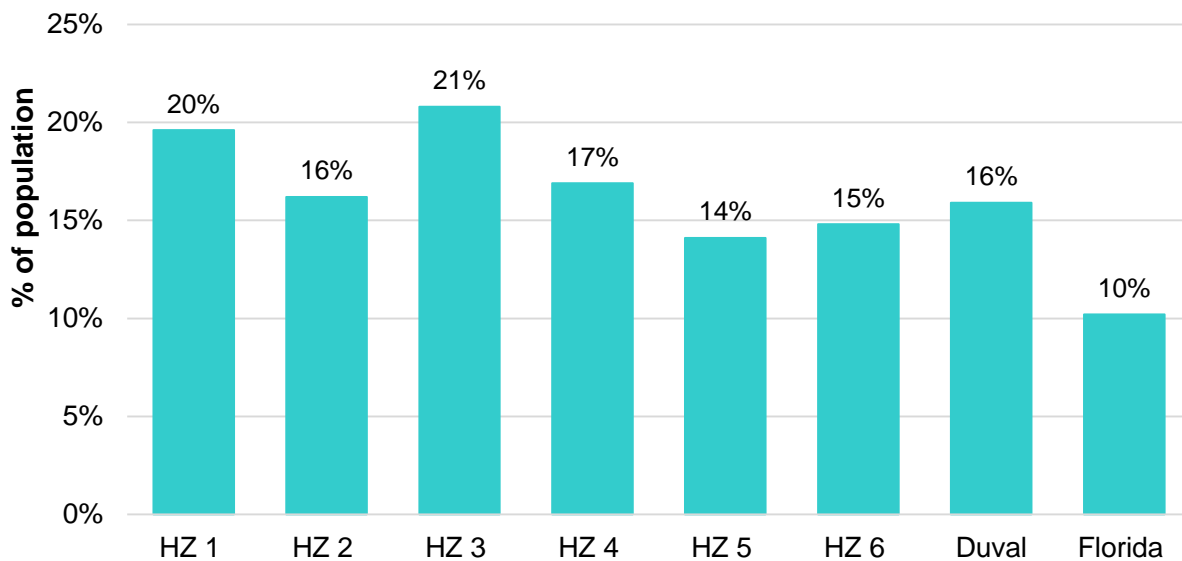
Health Resource Availability

Access to health services can affect individual and community well-being. Key health care resources include health insurance coverage, licensed healthcare facilities, and a competent healthcare workforce.

Health Insurance Coverage

Lack of insurance coverage is one of the biggest barriers to accessing healthcare. Lack of insurance coverage makes it difficult for people to get the healthcare that they need, and when they do get care, burdens them with large medical bills. Uninsured rates are higher in Duval County (16%) compared to Florida (10%). Within Duval County, HZ 3 (21%) and HZ 1 (20%) have the highest uninsured rates.

Population with No Insurance Coverage by Location, 2016



Source: www.northeastfloridacounts.com

Licensed Healthcare Facilities

Licensed healthcare facilities assure the availability of quality healthcare services and facilities in a community. Please see below for a list of licensed facilities in Duval County, including ambulatory surgical care centers, birthing centers, and hospitals.

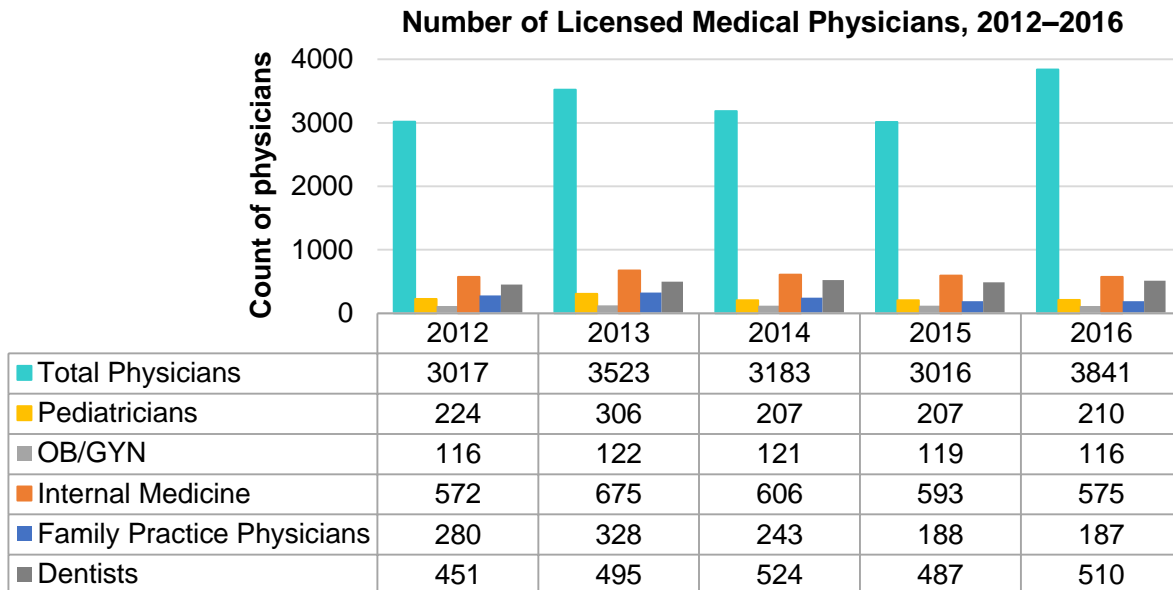
Licensed Healthcare Facilities

Licensed Healthcare Service Facilities in Duval County			
Adult Day Care Center	9	Home Medical Equipment Provider	44
Ambulatory Surgical Care Center	15	Hospice	2
Assisted Living Facility	93	Hospitals	13
Birthing Center	3	Nursing Homes	31
Clinical Laboratory	191	Rehabilitation Agency	7
Health Care Clinic	61	Skilled Nursing Agency	2
Home Health Agency	82	Transitional Living Facility	1

Source: www.floridahealthfinder.gov

Availability of Licensed Health Physicians

The availability of licensed medical physicians is an indicator of health resource availability within a community. The figure below shows the number of licensed medical physicians in Duval County from 2012 to 2016. Although the total number of physicians in Duval County increased 27% during this time period, the number of pediatricians decreased 6% and the number of family practice physicians decreased 33%.



Source: www.floridacharts.com

Health Professional Shortage Areas

A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental, or mental health providers exists. The table below shows the primary care and dental health HPSAs in Duval County. There are no areas designated as mental health HPSAs in Duval County.

Health Professional Shortage Areas in Duval County, 2016

HPSA Type	Shortage Areas
Primary Care	Low Income – Atlantic Beach Low Income – Baldwin Low Income – East Jacksonville Low Income – North Jacksonville Low Income – South Jacksonville Low Income – West Jacksonville
Dental Health	Low Income – Atlantic Beach Low Income – Baldwin Low Income – Central Jacksonville Low Income – East Jacksonville Low Income – South Jacksonville Low Income – West Jacksonville

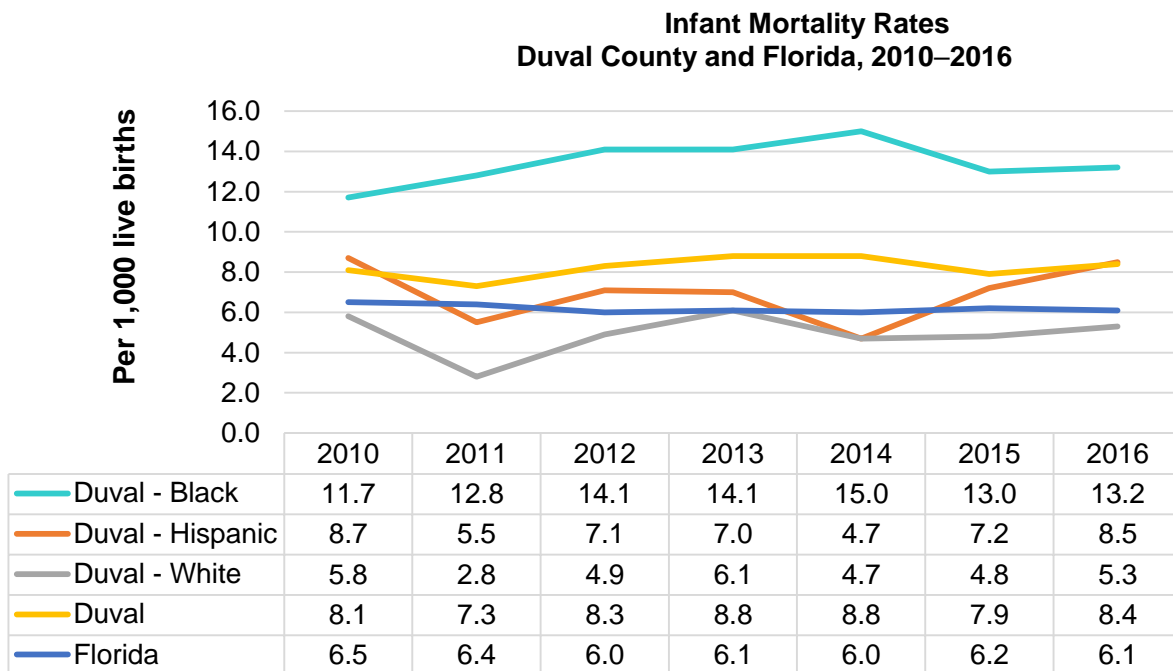
Source: www.hpsafind.hrsa.gov

Maternal and Child Health

Infant Mortality

Infant mortality, which is defined as the death of an infant before their first birthday, is a key indicator of the health of our community. Importantly, infant mortality can shed light on the many factors that contribute to community health, such as poverty and socioeconomic status, and the availability and quality of health services.

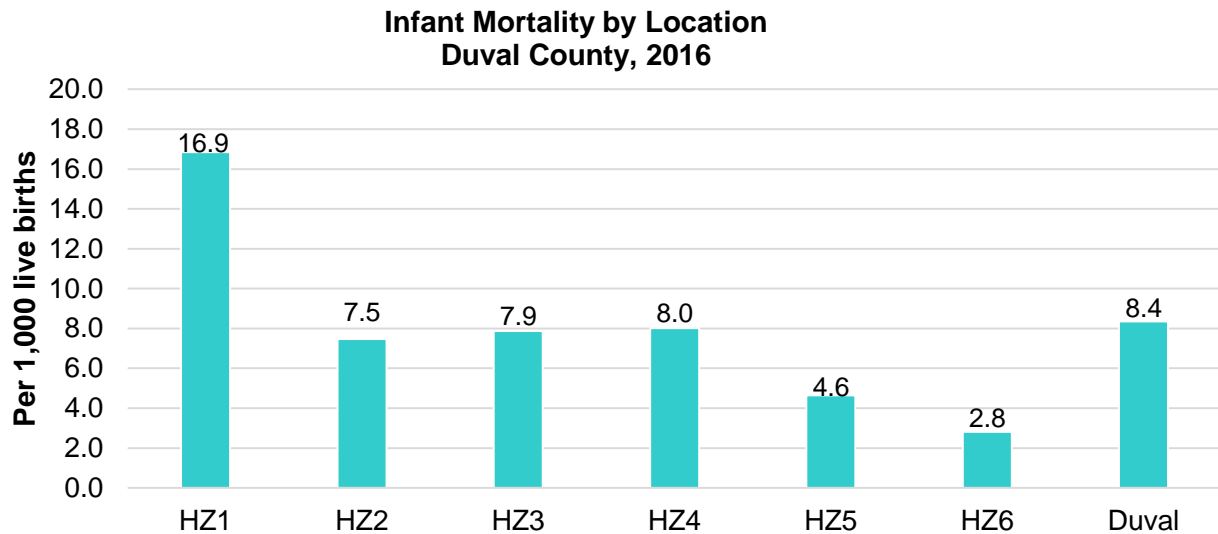
As can be seen in the graph below, infant mortality rates in Duval County increased slightly from 2010 to 2016. During this time period, the infant mortality rate for Duval County remained above the state rate. In addition, the black infant mortality rate remained consistently higher than the white and Hispanic (all races) infant mortality rates during this time period.



Source: www.floridacharts.com

In Duval County in 2016:

- 111 infants died before their first birthday.
- Black infants were almost three times more likely to die before their first birthday than white infants.
- The leading causes of infant death were prematurity/low birth weight (18%) birth defect (16%), unintentional injury (11%), Sudden Infant Death Syndrome (SIDS; 10%), and newborn affected by maternal complications of pregnancy (8%).
- HZ 1 (16.9/1,000 live births) had the highest infant mortality rate in Duval County.



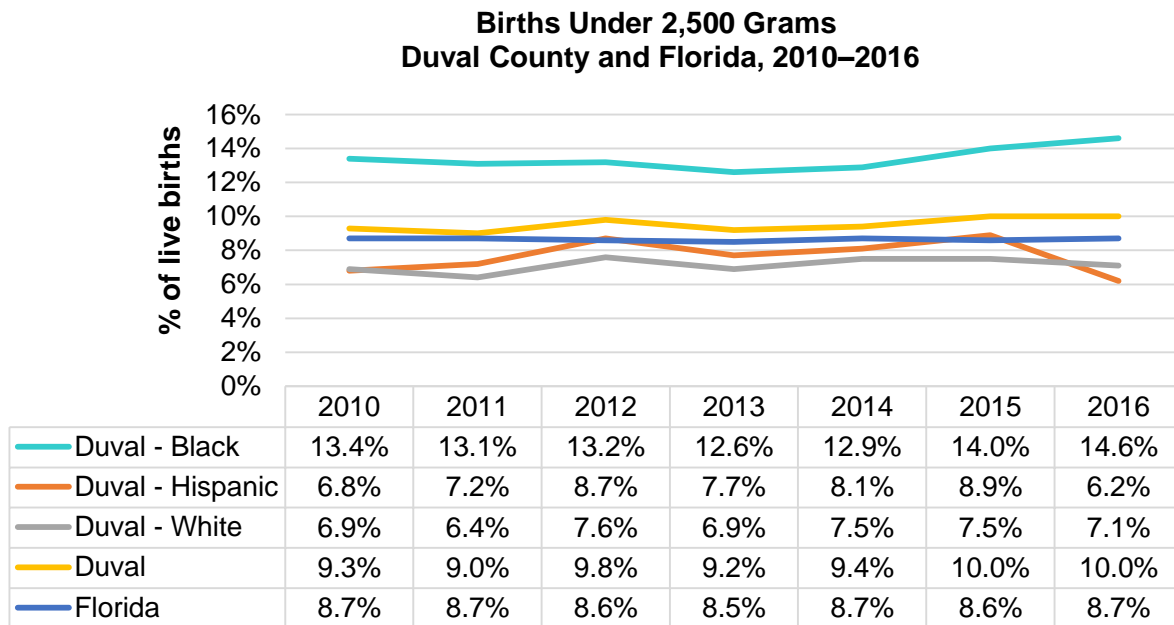
Source: Florida Department of Health, Birth File



Low Birth Weight Infants

A newborn birth weight of less than 2,500 grams is considered low birth weight. Factors that increase the chances of having a low birth weight delivery include: alcohol, tobacco, or other drug use, lack of weight gain, younger or older age, low income, low education level, stress, and domestic violence. Low birth weight infants have higher rates of death and disability.

As can be seen in the graph below, low birth weight deliveries in Duval County increased slightly from 2010 to 2016. During this time period, the percent of low birth weight black infants remained consistently higher than the percent of low birth weight white and Hispanic (all races) infants.

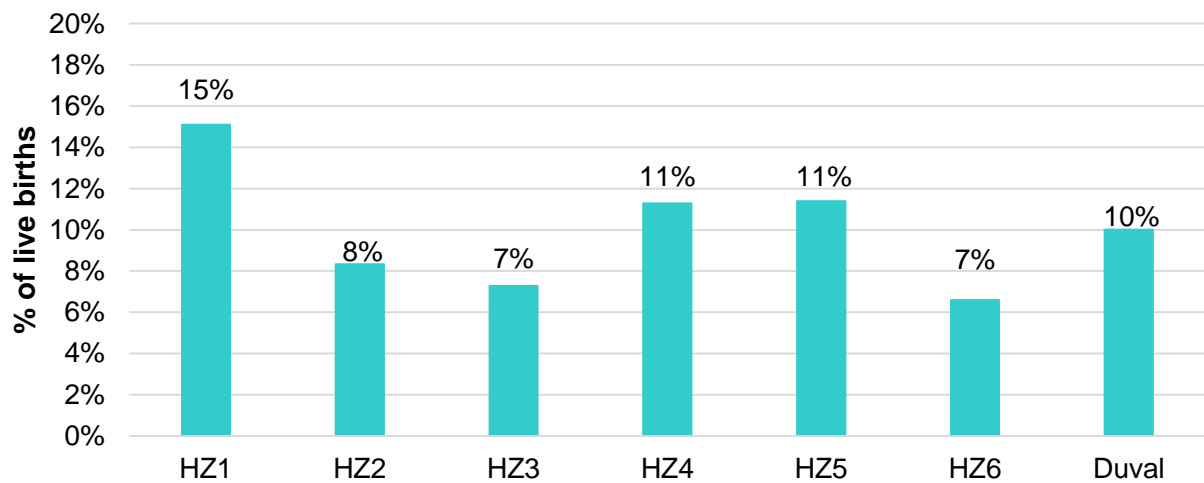


Source: www.floridacharts.com

In Duval County in 2016:

- 1,330 infants were low birth weight.
- Black infants were over two times more likely to have a low birth weight than white and Hispanic (all races) infants.
- HZ 1 (15%) had the highest percent of low birth weight infants.

**Low Birth Weight Infants by Location
Duval County, 2016**



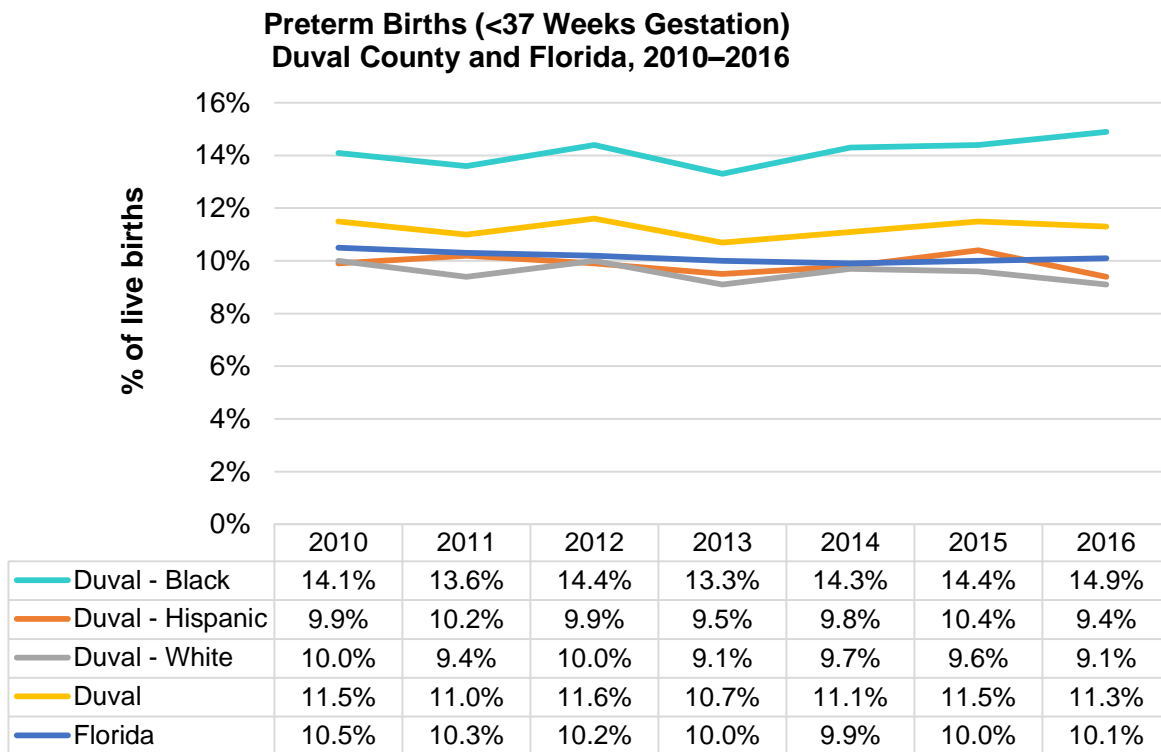
Source: Florida Department of Health, Birth File



Preterm Births

Preterm birth is when a baby is born too early, before 37 weeks of pregnancy have been completed. A developing baby goes through important growth throughout pregnancy — including in the final months and weeks. Babies born too early have higher rates of death and disability.

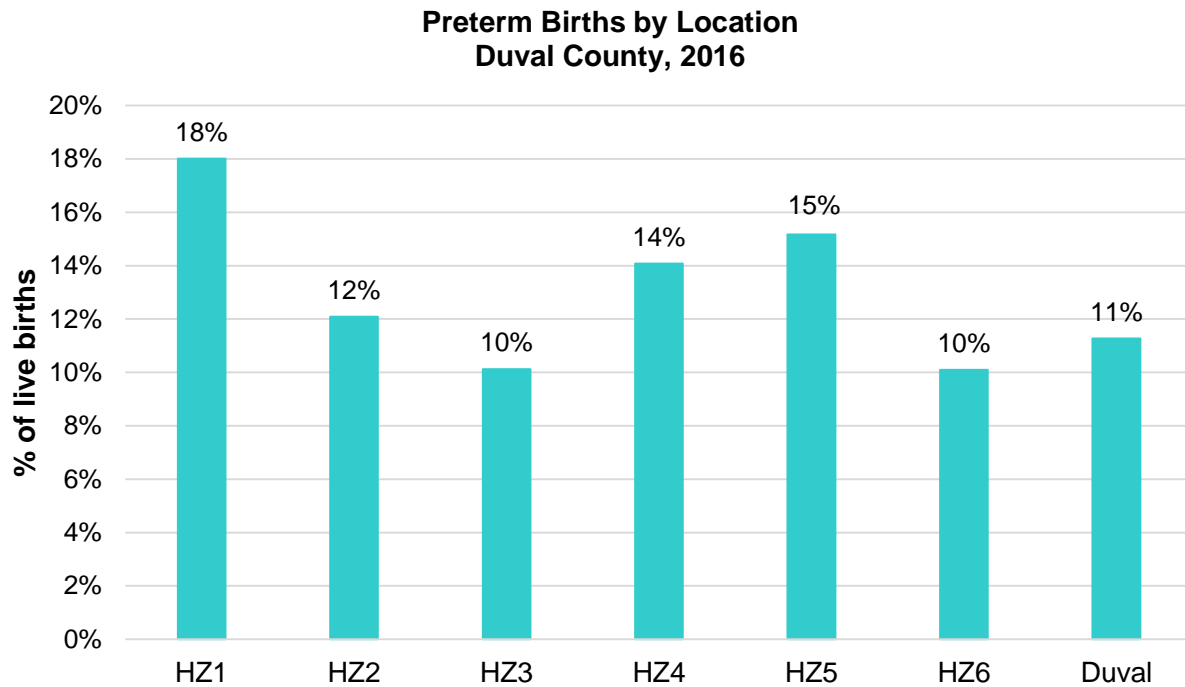
As can be seen in the graph below, the percent of preterm deliveries in Duval County remained relatively stagnant from 2010 to 2016, with approximately 11% of births being premature. During this time period, the percent of preterm black infants remained consistently higher than the percent of preterm white and Hispanic (all races) infants.



Source: www.floridacharts.com

In Duval County in 2016:

- 1,508 infants were born premature.
- Black infants (15%) were more likely to be born premature than White (9%) or Hispanic (all races) infants (10%).
- HZ 1 (18%) had the highest percent of low birth weight infants. Preterm births in HZ 4 (14%) and HZ 5 (15%) were also higher than Duval County overall (11%).



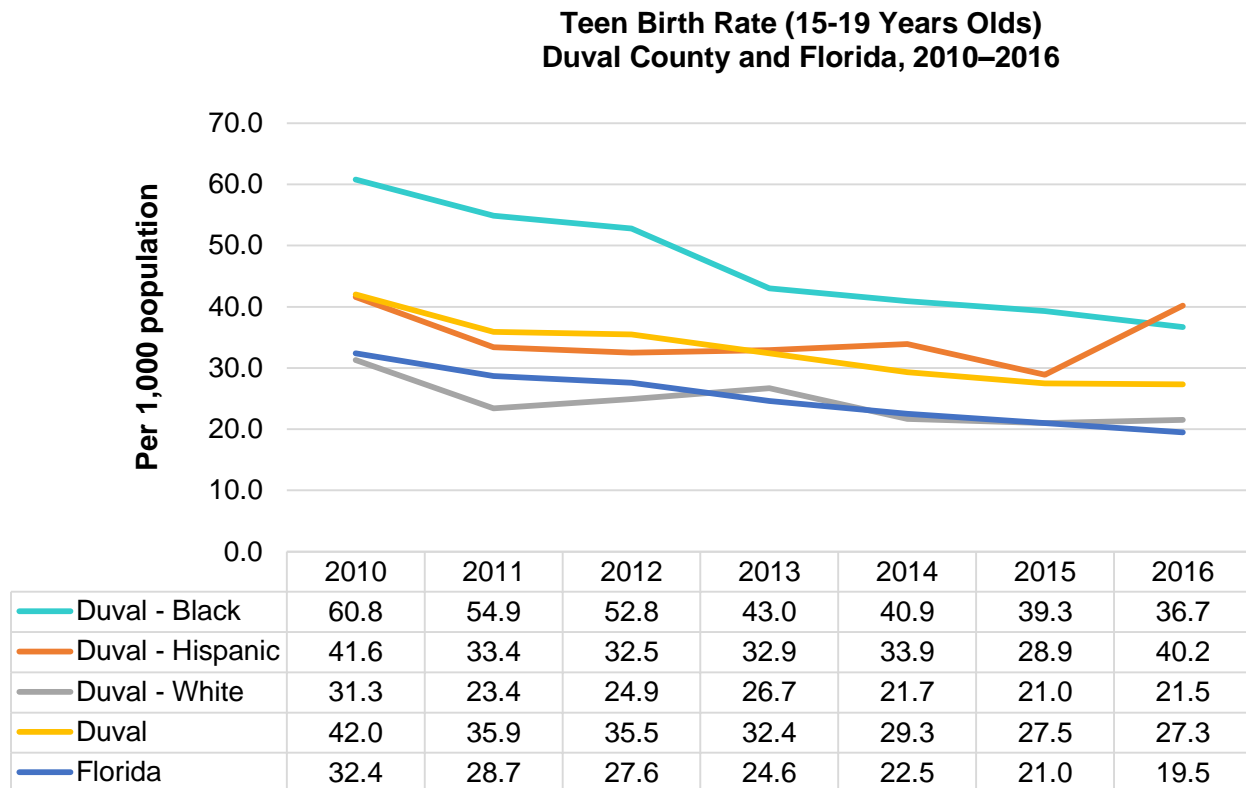
Source: Florida Department of Health, Birth File



Teen Births

Teen pregnancy prevention is designated as a winnable battle by the CDC. Births to teen mothers often have greater complications than births to adult women. In addition, babies born to teen mothers are more likely to be preterm and low birth weight, both which increase the likelihood of experiencing negative health outcomes.

As can be seen in the graph below, teen birth rates in Duval County and Florida decreased dramatically from 2010 to 2016. This mirrors a trend at the national level. Despite the declining teen birth rate, significant racial and ethnic disparities persist. During this time period, the birth rate for black and Hispanic (all races) teens in Duval County remained consistently higher than the birth rate for white teens.

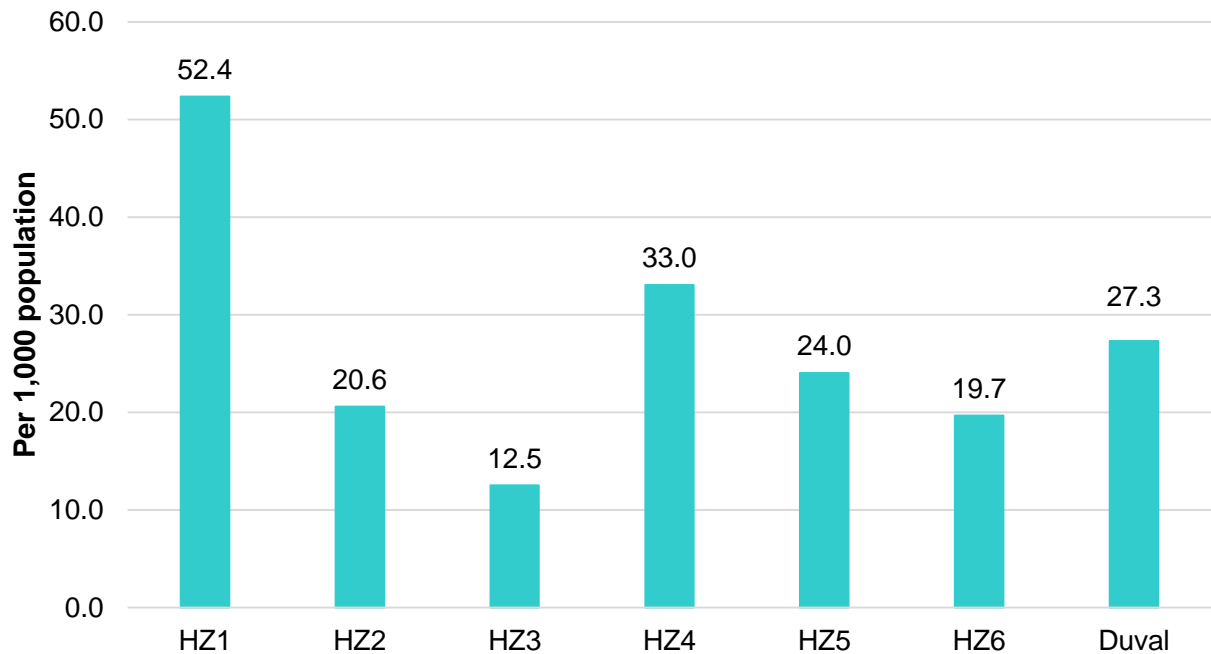


Source: www.floridacharts.com

In Duval County in 2016:

- 738 infants were born to mothers between the ages of 15 to 19, accounting for 5.6% of live births.
- The birth rate for black and Hispanic teens were nearly twice the rate for white teens.
- The teen birth rate in HZ 1 is nearly two times higher than the rate for Duval County.

Teen Birth Rate (15-19 Year Olds) by Location Duval County, 2016



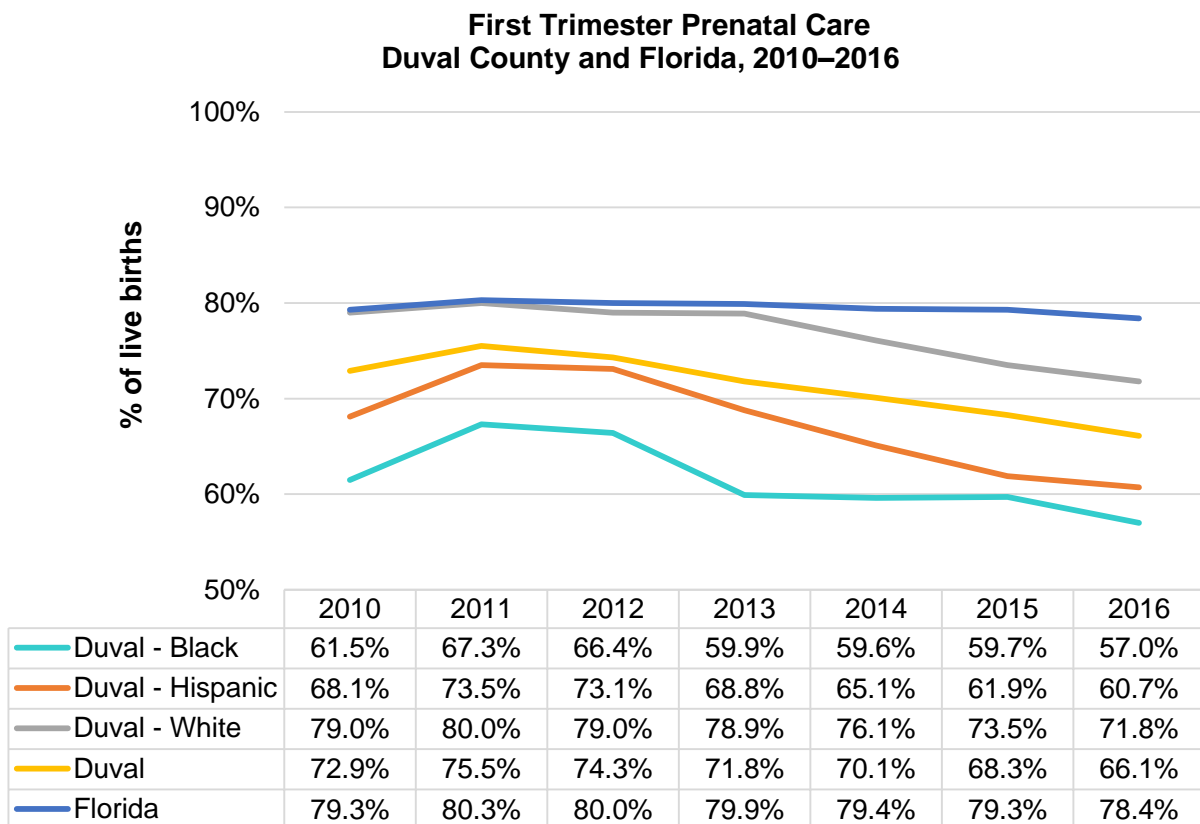
Source: Florida Department of Health, Birth File



Entry into Prenatal Care

Prenatal care (PNC) refers to the medical care that women receive during pregnancy. Early prenatal care helps to identify and treat babies or mothers at risk for health conditions that can affect the pregnancy. Prenatal care also provides an opportunity for mothers to receive education and assistance with health issues related to pregnancy including nutrition, substance use, exercise, and preparing for childbirth and infant care. Babies born to women who receive early prenatal care are less likely to have low birth weight or to be born prematurely.

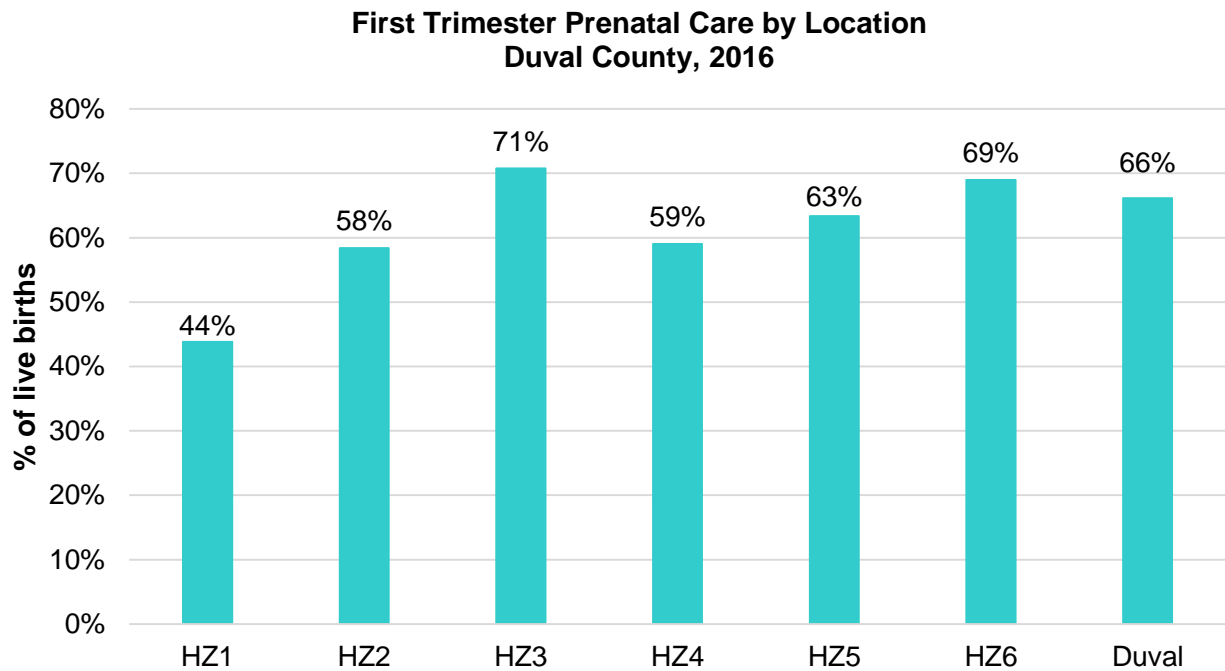
From 2010 to 2016, the percent of live births in Duval County with first trimester prenatal care decreased from 73% to 66%. During this time period black and Hispanic (all races) moms were consistently less likely to receive first trimester prenatal care than white moms.



Source: www.floridacharts.com

In Duval County in 2016:

- 430 moms did not receive first trimester prenatal care.
- Black (57%) and Hispanic (61%) moms were less likely to receive first trimester prenatal care than white moms (72%).
- Only 44% of moms in HZ1 received first trimester prenatal care, compared to 66% of moms in Duval County.



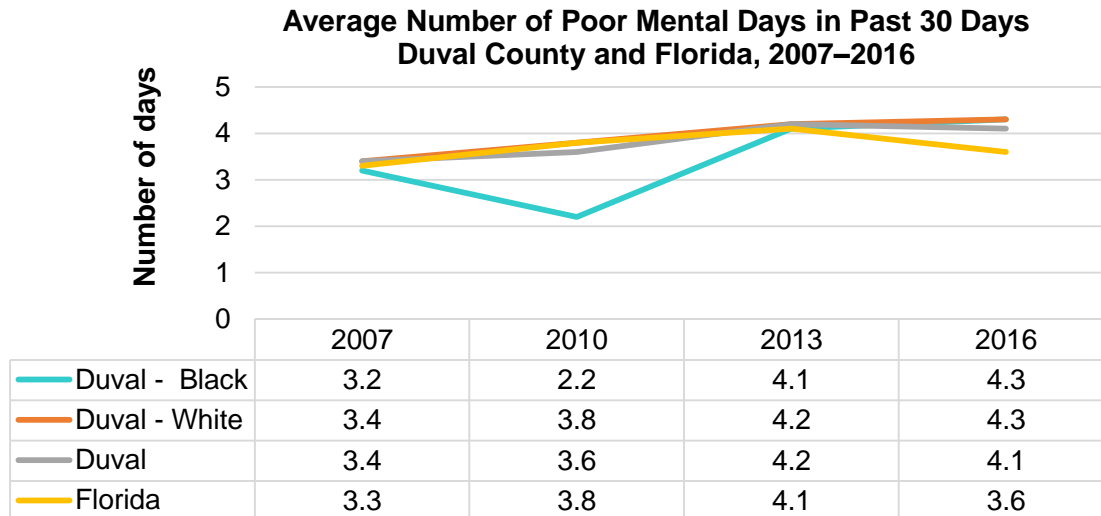
Source: Florida Department of Health, Birth File



Behavioral Health

Perceived Mental Health

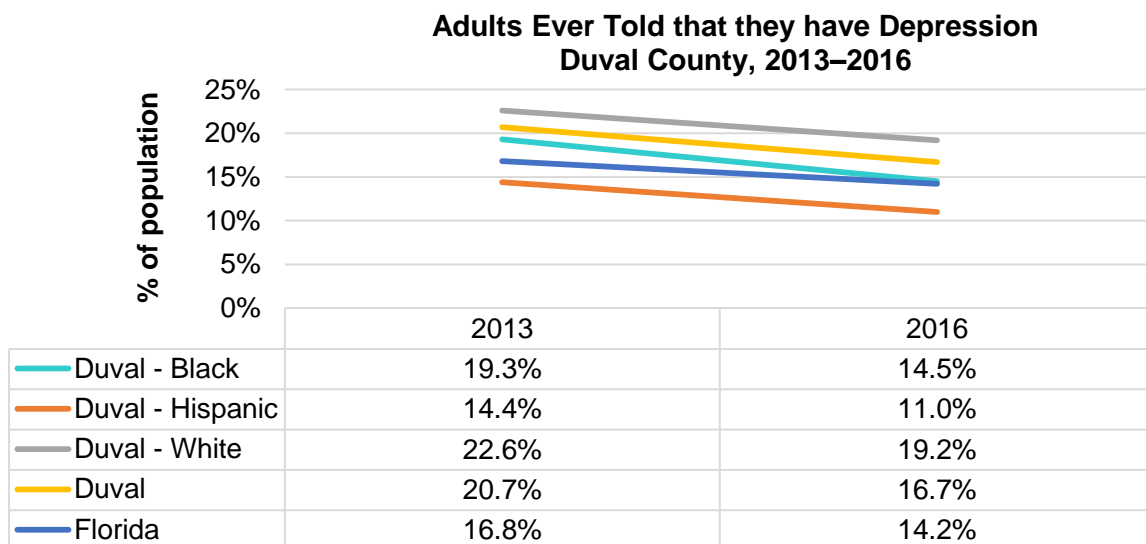
Perceived mental health is an important indicator of emotional well-being and mental health. From 2007 to 2016, the average number of poor mental health days reported by adult Duval County residents increased slightly. In 2016, Duval County residents experienced on average 4.1 poor mental health days per month.



Source: Behavioral Risk Factor Surveillance System, 2007–2016

Depression

Depression is characterized by persistent sadness and sometimes irritability and is one of the leading causes of disease and injury. Findings from the Behavioral Risk Factor Surveillance System (BRFSS), indicated that the percent of adults in Duval County that have ever been told by a doctor that they have depression decreased from 2013 to 2016. In Duval County in 2016, white (19%) residents were more likely to have been told that they have depression than black (14%) or Hispanic (11%) residents.

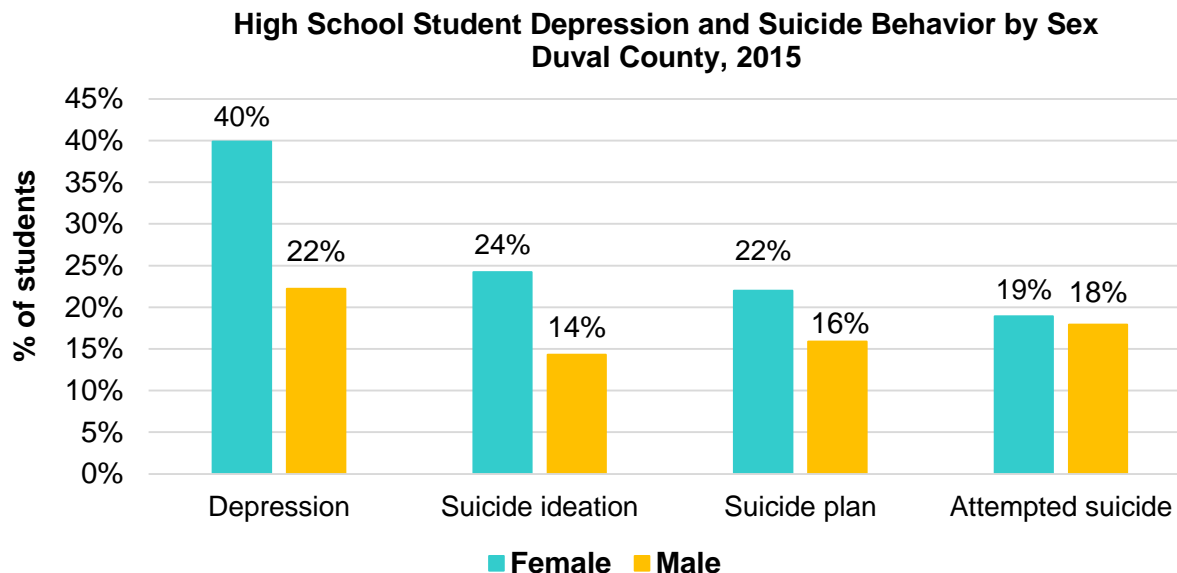


Source: Behavioral Risk Factor Surveillance System, 2013–2016

Suicide

Suicide is a serious public health problem that can have lasting harmful effects on individuals, families, and communities. According to the 2015 Duval County Youth Risk Behavior Survey (YRBS), approximately 19% of Duval County high school students attempted suicide in the 12 months before the survey. In addition, significant differences existed between male and female high school students for depression and suicide behaviors:

- 40% of female high school students reported feeling sad or hopeless for two or more weeks in a row during the past 12 months, compared to 22% of male high school students.
- Female students in Duval County were more likely to report suicide ideation and having made a plan to commit suicide than male students.



Source: Duval County Youth Risk Behavior Survey, 2015

The table below shows the number of suicide deaths in Duval County by age and year. From 2010 to 2016, 22 children and 911 adults committed suicide in Duval County.

Suicide Deaths in Duval County by Age Group, 2010–2016

	Ages 0-19	Ages 19+	All Ages
2010	1	113	114
2011	2	125	127
2012	5	146	151
2013	2	128	130
2014	6	113	119
2015	5	156	161
2016	1	130	131
Total	22	911	933

Source: www.floridacharts.com

Alcohol and Tobacco Use

Excessive alcohol use and tobacco use are leading causes of disease and disability. Findings from the 2015 Duval County YRBS indicated that tobacco use and alcohol use are common among Duval County high school students:

- Over 7% of high school students reported current cigarette use.
- Electronic cigarette use was much more common, with 22% of high school students reporting use in the past 30 days.
- Current alcohol use was more common among females (33%) than males (26%).
- Approximately 13% of high school students reported binge drinking behavior.

Alcohol and Tobacco Use among Duval County High School Students, 2015

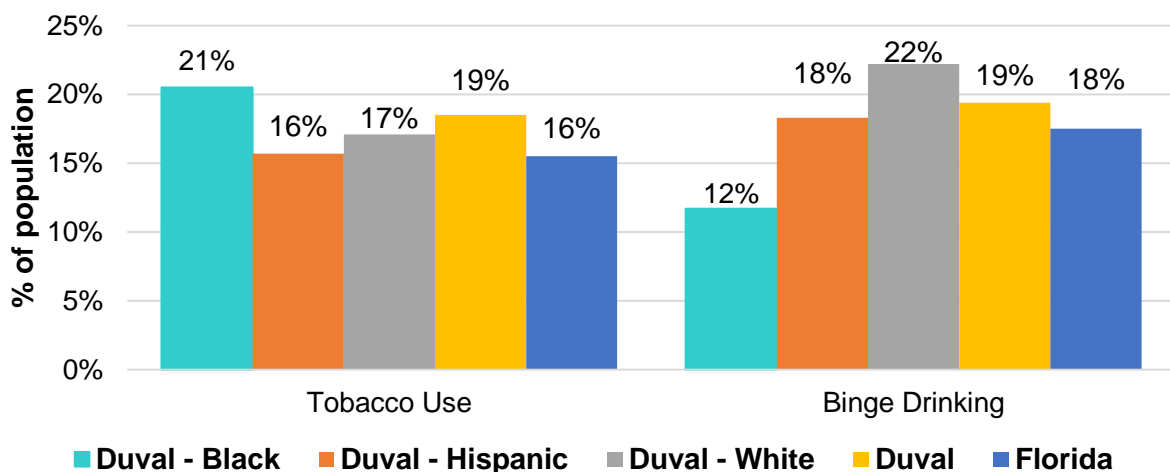
	Female	Male	Duval County
Tobacco use			
Current cigarette use	6.2%	7.3%	7.1%
Current electronic cigarette use	21.8%	21.3%	22.1%
Alcohol use			
Current alcohol use	33.1%	26.3%	30.2%
Binge drinking	11.6%	12.4%	12.5%

Source: Duval County Youth Risk Behavior Survey, 2015

Findings from the 2016 BRFSS indicated that alcohol and tobacco use is common among Duval County adults:

- 19% of adults in Duval County reported binge drinking.
- Binge drinking was more common among white (22%) residents than Hispanic (18%) or black (12%) residents.
- 19% of adults reported current cigarette use, compared to 16% for the state.
- Current cigarette use was more common among black residents (21%) than white (17%) or Hispanic (16%) residents.

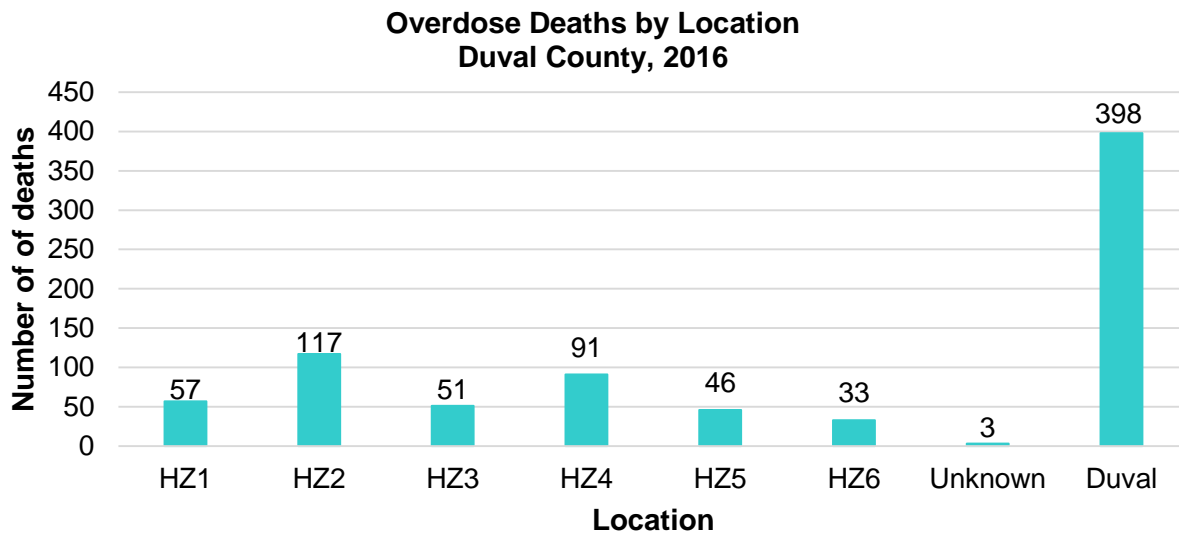
Alcohol and Tobacco Use Duval County, 2016



Source: Behavioral Risk factor Surveillance System, 2016

Illegal Drug Use

Drug overdoses are a leading cause of death due to injury in the United States. In Duval County in 2016, 398 deaths occurred due to drug overdose and 311 of these deaths were due to opioid overdose. Over 50% of overdose deaths in 2016 were to residents of HZ 2 and HZ 4.

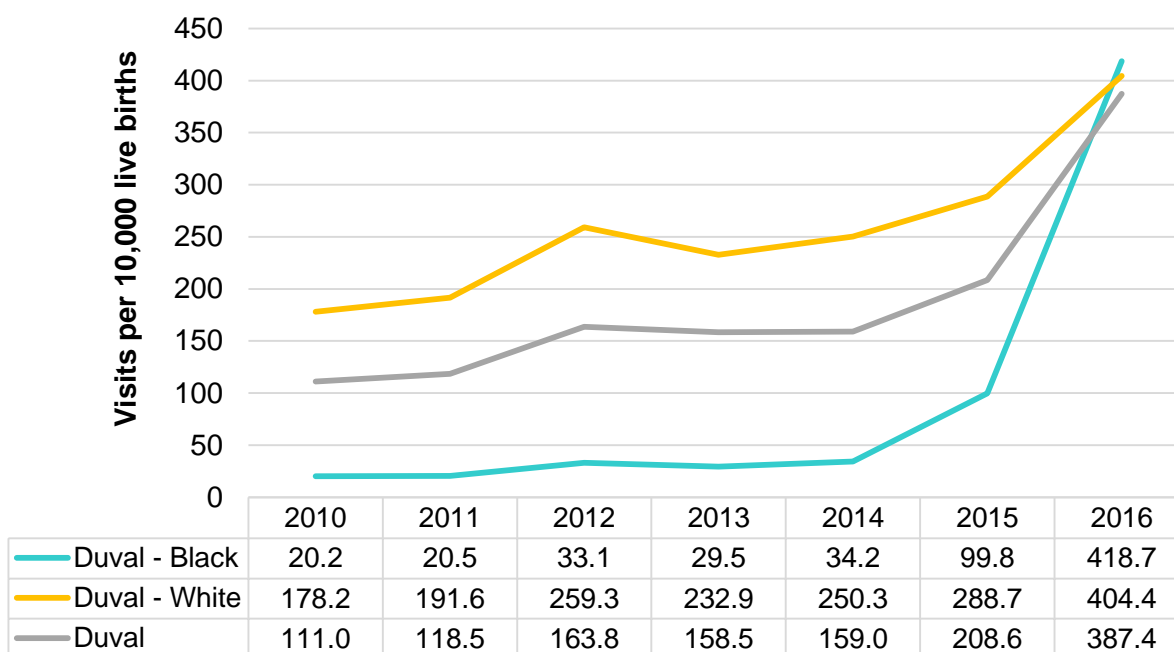


Source: Florida Department of Health, Death File, 2016



Neonatal abstinence syndrome (NAS) is a drug withdrawal syndrome that most commonly occurs in infants after in utero exposure to opioids. NAS usually appears within 48 to 72 hours of birth with symptoms including central nervous system irritability, gastrointestinal dysfunction, and temperature instability. The rate for NAS hospitalizations in Duval County increased 229% percent from 2010 to 2016. Prior to 2016, white infants had significantly higher rates for hospitalizations due to NAS than black infants.

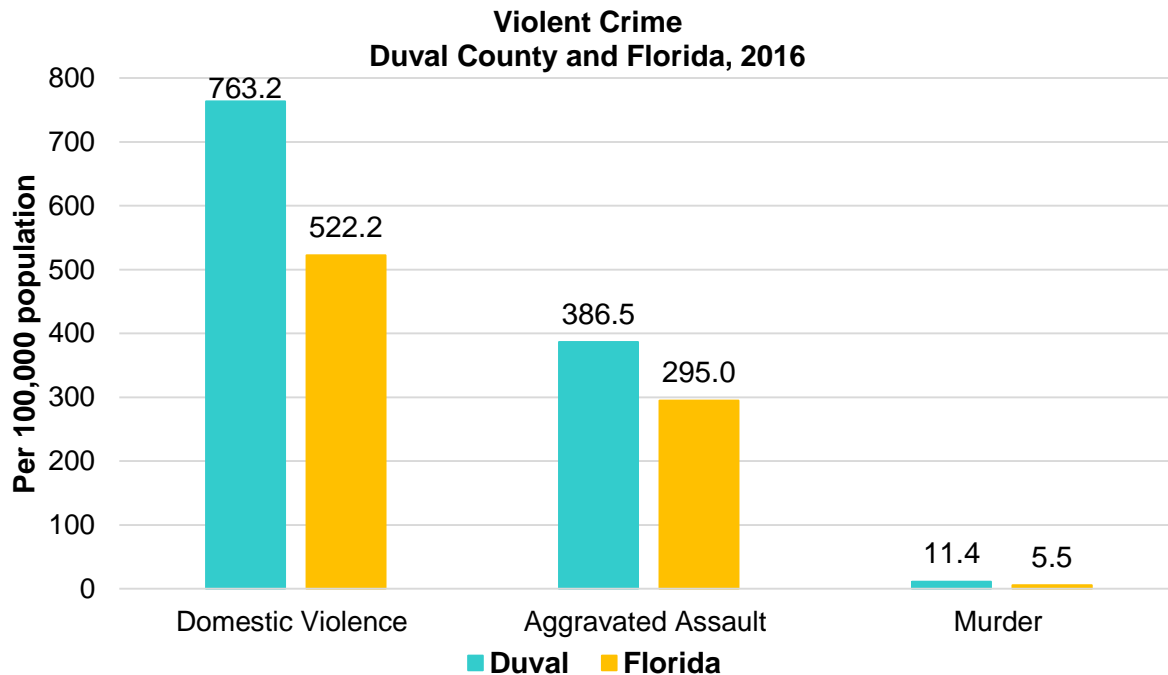
**Neonatal Abstinence Syndrome Hospitalizations by Race
Duval County, 2010–2016**



Source: Agency for Health Care Administration, Hospitalizations, 2010–2016

Violence and Injury

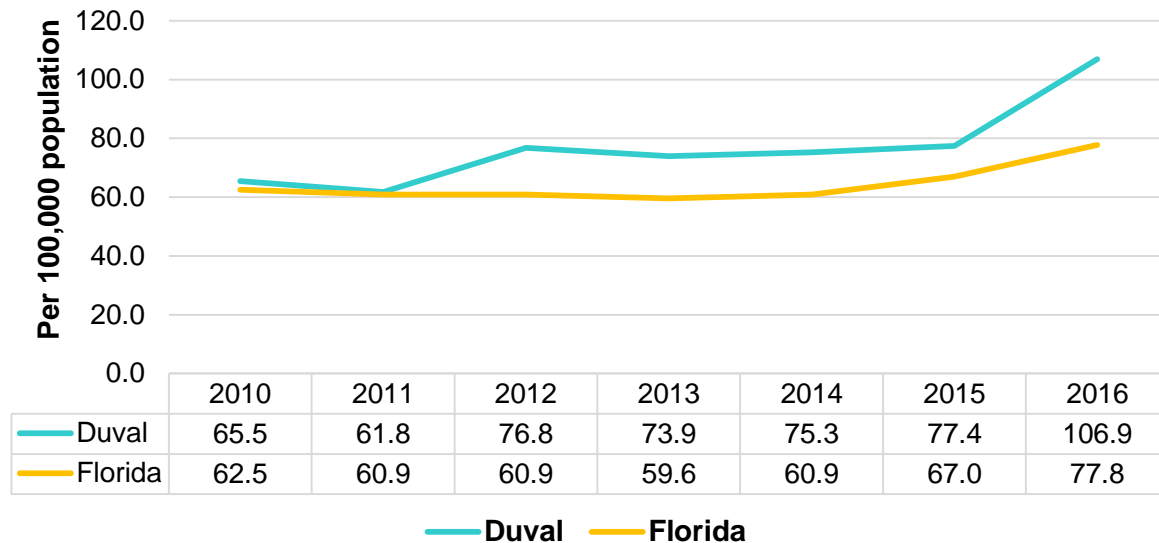
Violence is a significant public health concern in the United States and it affects people in all stages of life. Violence negatively impacts the health of victims as well as those who witness violence. Merely being exposed to violence is associated with increased risk for chronic diseases, mental health problems, and lower quality of life. In 2016, Duval County had significantly higher rates of domestic violence, aggravated assault, and murder when compared to Florida.



Source: www.floridacharts.com

The following graph provides the rate of deaths due to external causes in Duval County and Florida. In 2016, the rate of deaths due to external causes in Duval County (106.9/100,000 population) was significantly higher than Florida's rate (77.8/100,000 population).

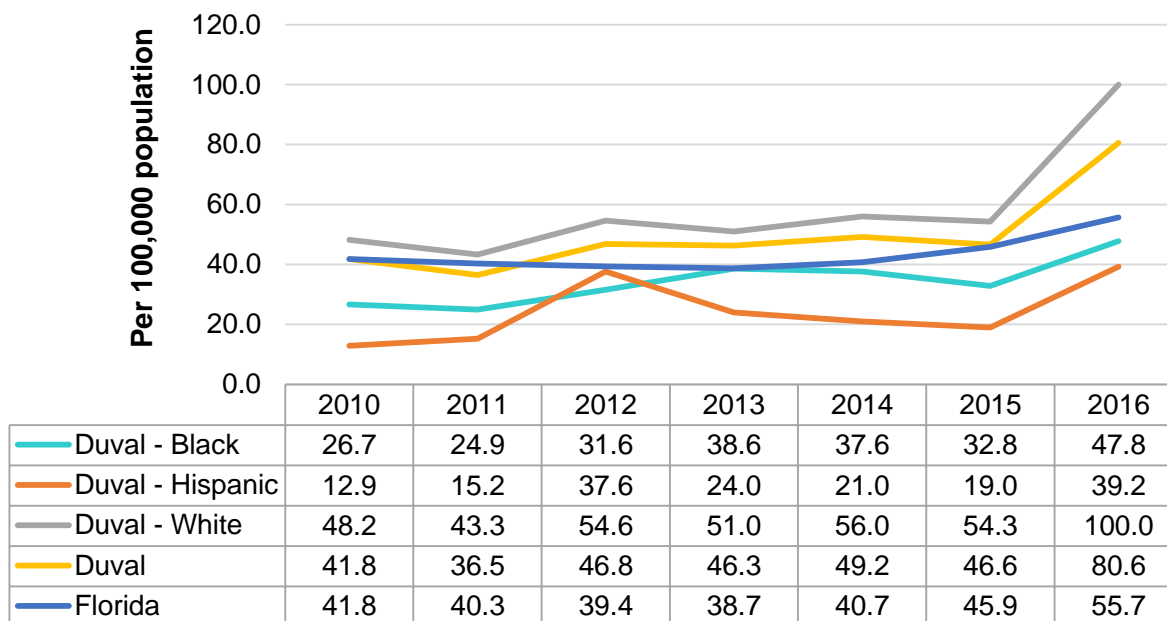
**Death Due to External Causes
Duval County and Florida, 2010–2016**



Source: www.floridacharts.com

The graph below shows the unintentional injury death rate in Duval County from 2010 to 2016. From 2015 to 2016, the death rate due to unintentional injury increased for all races and ethnicities. In 2016, the unintentional death rate for white residents was over double that of black and Hispanic (all races) residents.

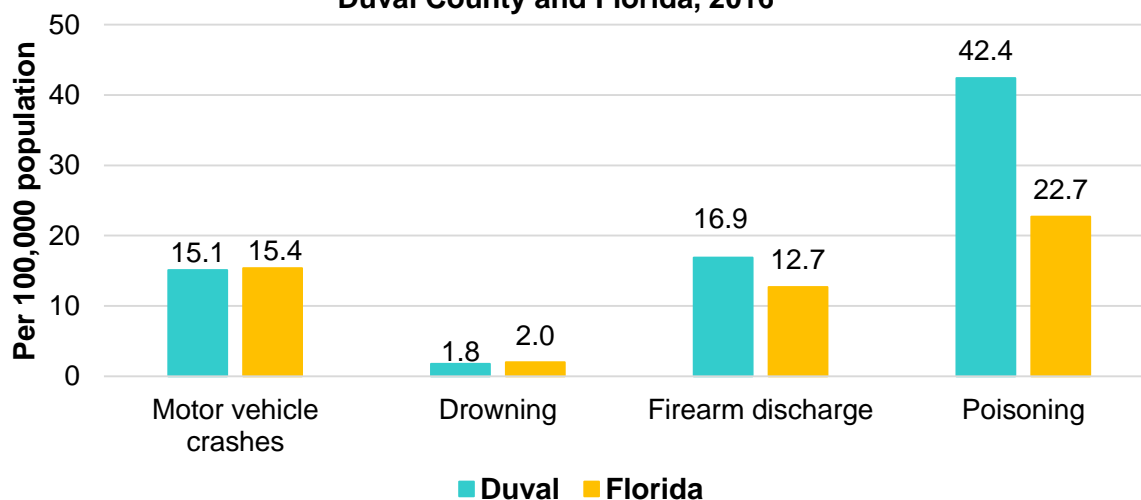
Deaths Due to Unintentional Injury Duval County and Florida, 2010–2016



Source: www.floridacharts.com

In 2016, Duval County had higher rates for deaths due to firearm discharge and poisoning than the state. The death rate due to poisoning in Duval County was almost twice the rate for Florida.

Deaths by Type of Injury Duval County and Florida, 2016



Source: www.floridacharts.com

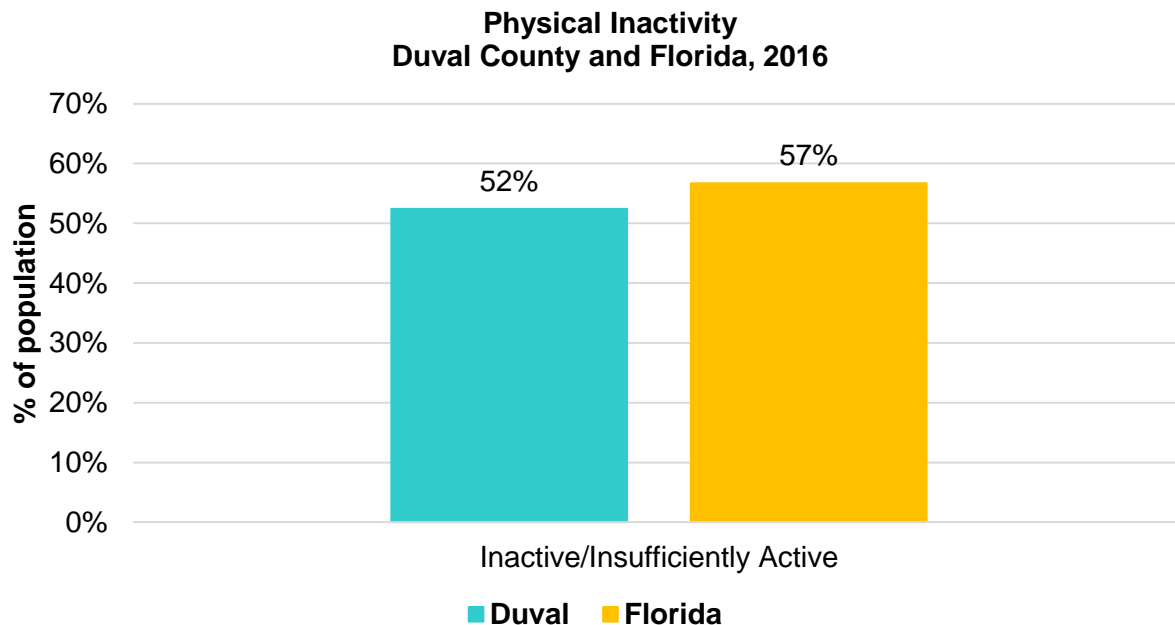
Morbidity

Morbidity, another term for illness, encompasses disease, injury and disability. Morbidity rates provide insight into the disease burden or risks in a population. Data in the following section was collected from a number of sources including the BRFSS, Agency for Health Care Administration (AHCA), Florida Department of Health, and other surveillance programs and entities.

Physical Activity, Nutrition, and Obesity

Diet, physical activity, and body weight are related to health status. Good nutrition helps reduce the risk for many health conditions, including heart disease, type 2 diabetes, various cancers, and other health problems. The health care costs associated with these health conditions are substantial.

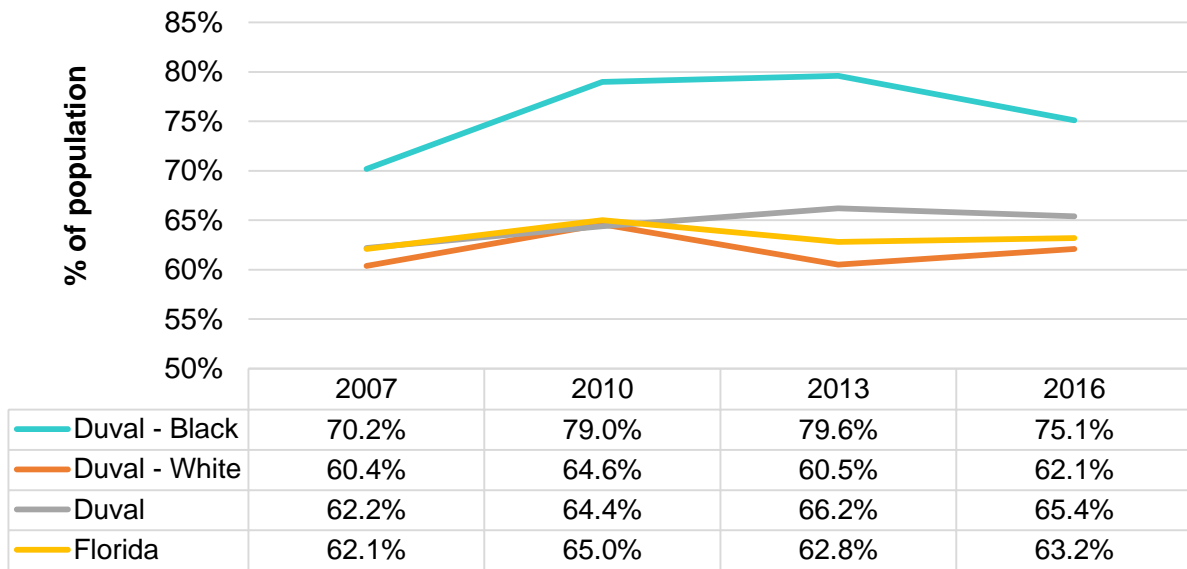
The following graph presents data on physical activity in Duval County and Florida collected through the BRFSS. Approximately 52% of Duval County residents reported that they were inactive or insufficiently active, compared to 57% for Florida.



Source: Behavioral Risk Factor Surveillance System, 2016

From 2007 to 2016, a similar percentage of Duval County and Florida residents were overweight or obese. In 2016, 75% black residents in Duval County were overweight or obese, compared to 62% of white.

Overweight and Obesity Duval County and Florida, 2007–2016

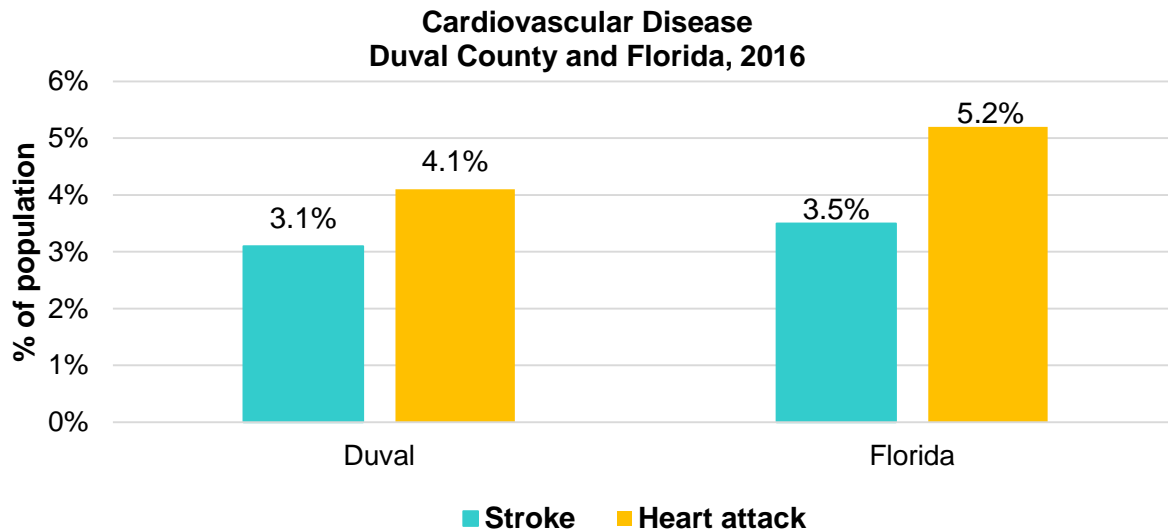


Source: Behavioral Risk Factor Surveillance System, 2007–2016



Cardiovascular Disease

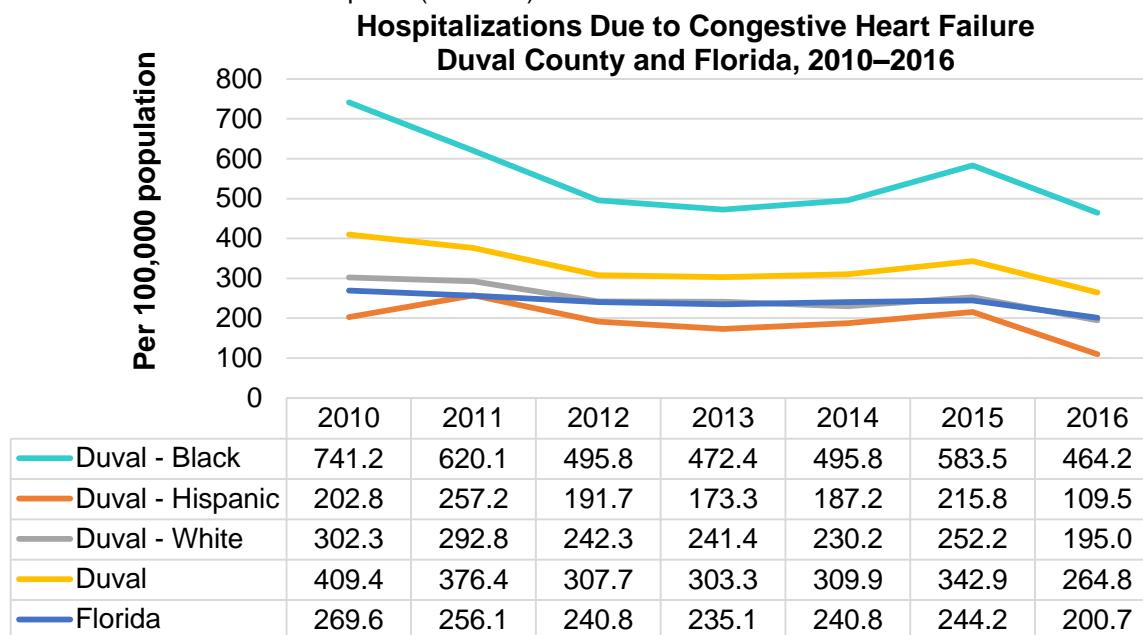
Heart disease is the leading cause of death for people of most racial/ethnic groups in the United States, including blacks, whites, and Hispanics. For Asian Americans/Pacific Islanders and American Indians/Alaska Natives, heart disease is second only to cancer. Heart disease costs the United States about \$200 billion each year. The graph below includes data collected through the BRFSS on cardiovascular disease in Duval County and Florida. In 2016, Duval County had lower prevalence of stroke and heart attack when compare with Florida.



Source: Behavioral Risk Factor Surveillance System, 2016

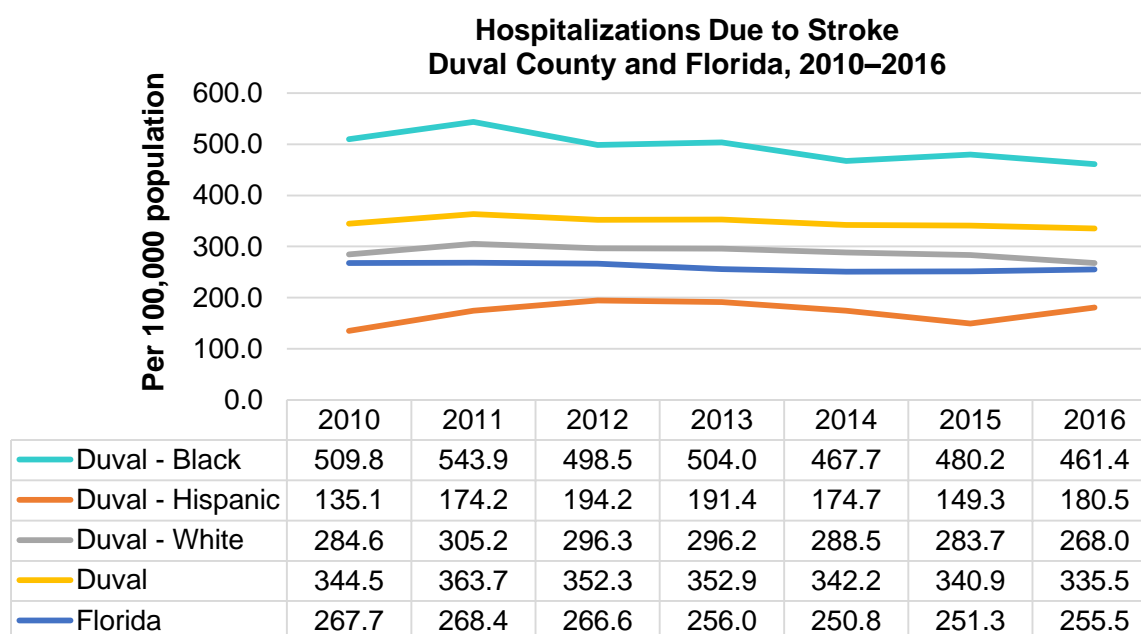


From 2010 to 2016, the rate of hospitalizations due to congestive heart failure was higher in Duval County than Florida. Black residents in Duval County had rates that were more than double that of white residents and more than four times that of Hispanic (all races) residents.



Source: Agency for Health Care Administration, Hospitalizations, 2010–2016

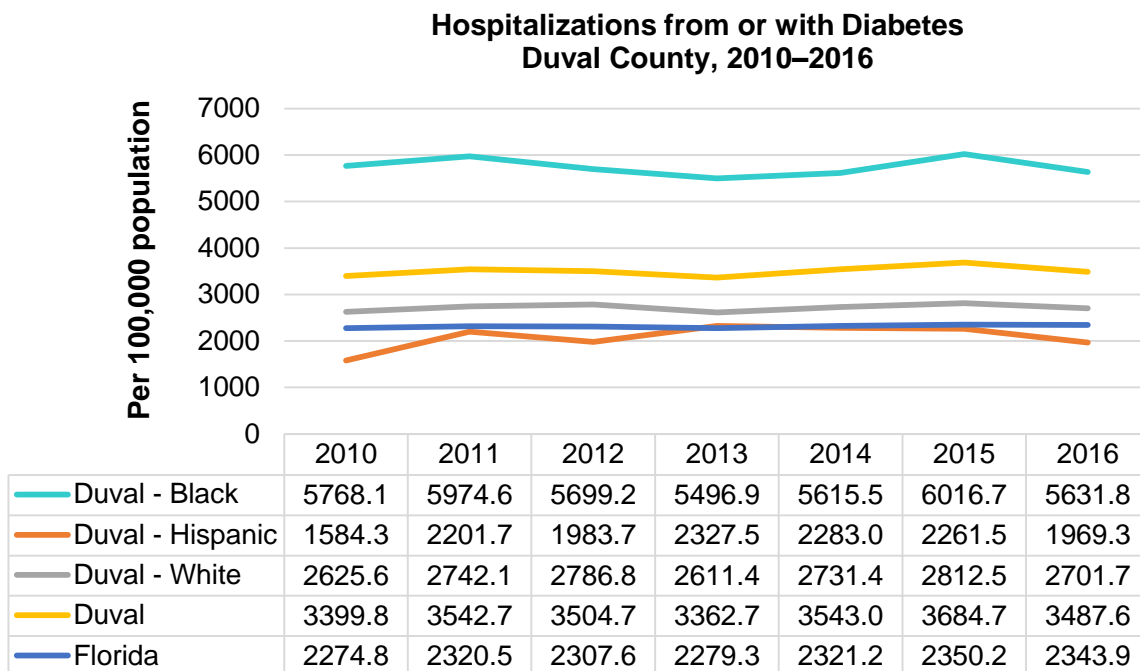
The following table presents the rate of hospitalizations due to stroke in Duval County and Florida from 2010 to 2016. During this time period, black residents in Duval County had the highest rate of hospitalization due to stroke when compared to other races and ethnicities.



Source: www.floridacharts.com

Diabetes

Diabetes affects an estimated 29.1 million people in the United States and is the 7th leading cause of death. The estimated financial cost of diabetes in the United States in 2012 was \$245 billion, which includes the cost of medical care, disability, and premature death. From 2010 to 2016, Duval County had a higher rate of hospitalizations due to diabetes compared to Florida. During this time period, black residents in Duval County consistently had higher rates of hospitalizations due to diabetes than white and Hispanic (all races) residents.



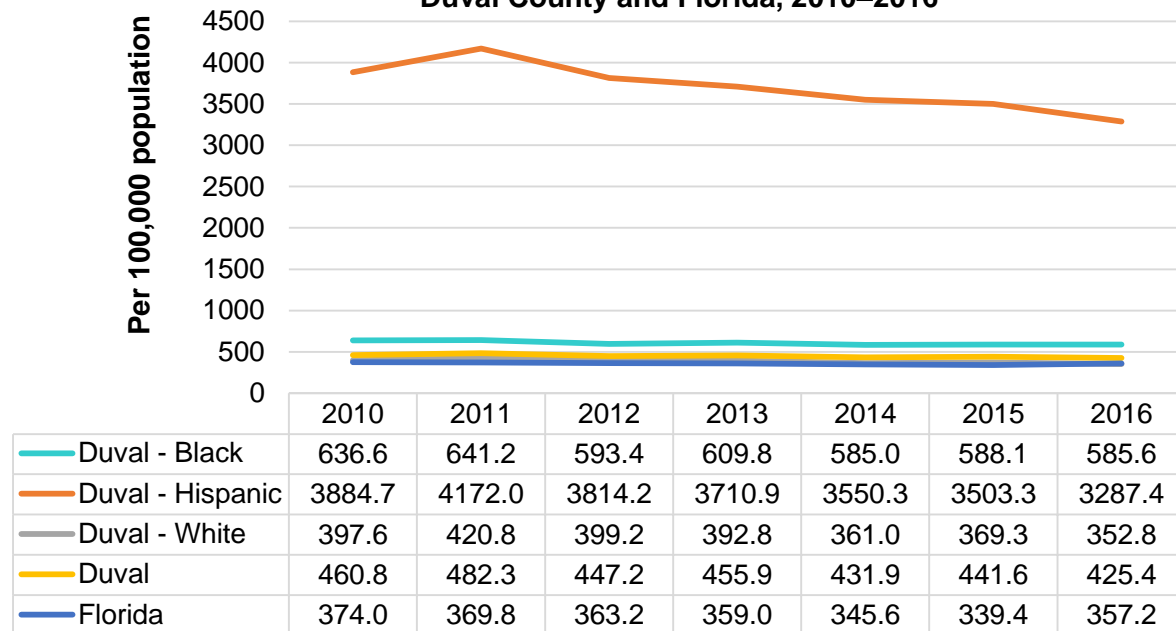
Source: www.floridacharts.com



CLRD

Chronic obstructive pulmonary diseases (COPD, also known as CLRD) include emphysema, chronic bronchitis and asthma – diseases that are characterized by obstruction to air flow. Currently more than 25 million people in the United States have asthma. The burden of respiratory diseases affects individuals and their families, schools, workplaces, and communities. Annual health care expenditures for asthma alone are estimated at \$20.7 billion. From 2010 to 2016, Duval County had higher rates of hospitalizations due to CLRD when compared to the state. In 2016, Hispanic (all races) residents had the highest rate of hospitalizations due to CLRD.

**Hospitalizations Due to CLRD, Including Asthma
Duval County and Florida, 2010–2016**



Source: www.floridacharts.com

Cancer

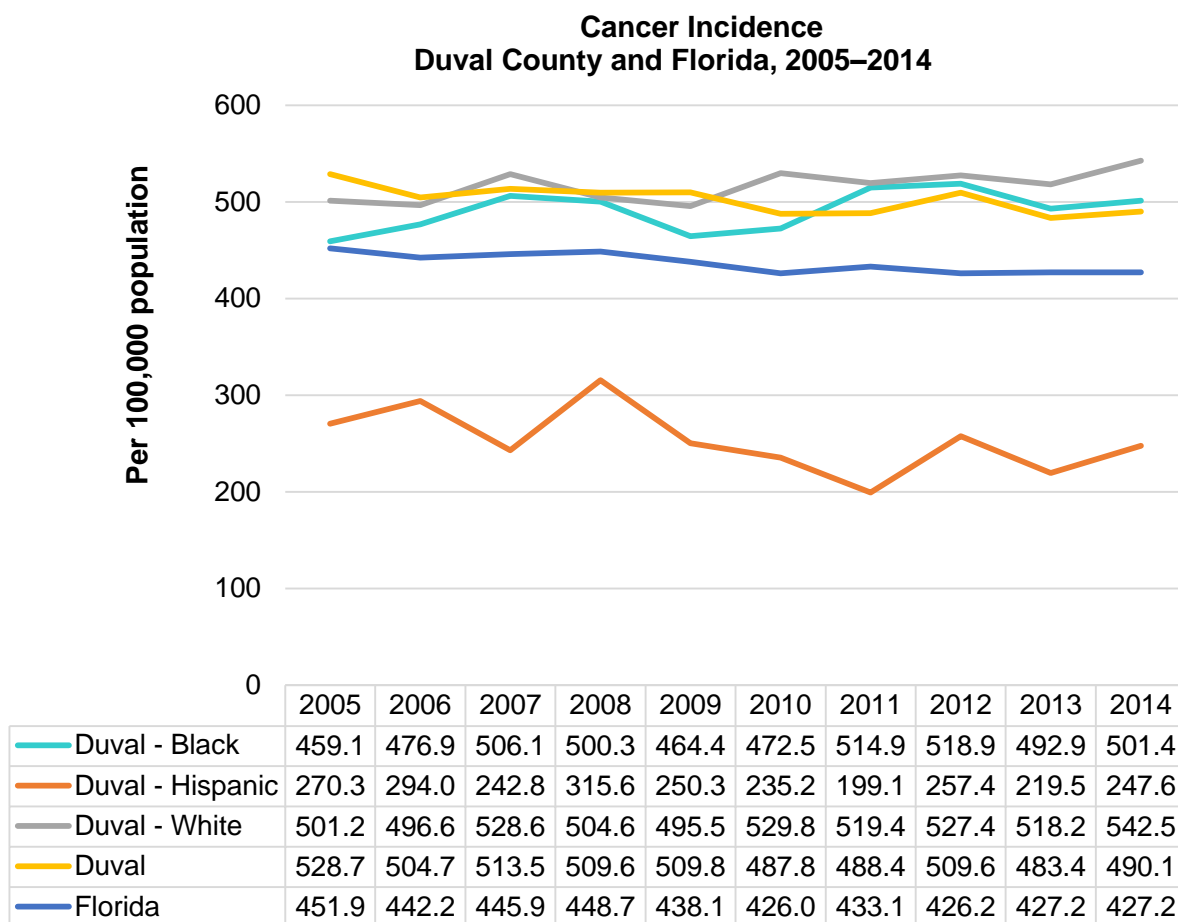
Cancer has been recognized as a major public health issue and is the second leading cause of death in the United States. The table below includes data gathered through the BRFSS in 2013 and 2016. The percent of Duval County adults who reported ever being told they had any type of cancer except skin cancer was lower than Florida during this time period.

Adults Who Have Ever Been Told They Had Any Type of Cancer Except Skin Cancer, Duval County and Florida, 2013 –2016.

Year	Duval	Florida
2013	6.4%	7.6%
2016	6.2%	7.5%

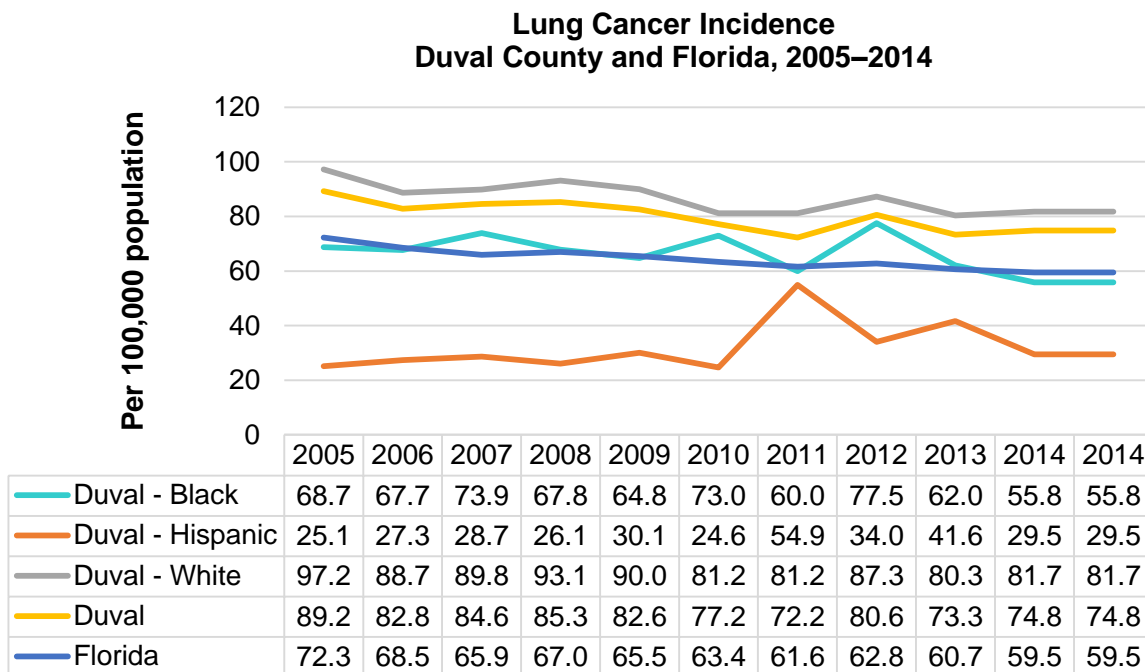
Source: Behavioral Risk Factor Surveillance System, 2013–2016

The graph below presents cancer incidence rates in Duval County and Florida from 2005 to 2014. During this time period, Duval County has consistently had higher cancer incidence rates than Florida. In 2014, white residents in Duval County had the highest rate of cancer incidence followed by black residents and Hispanic (all races) residents.



Source: www.floridacharts.com

The following graph presents the lung cancer incidence rate in Duval County and Florida from 2005 to 2014. During this time period, Duval County had higher rates of lung cancer incidence when compared to the state. White residents in Duval County have higher lung cancer incidence rates than black or Hispanic (all races) residents.



Source: www.floridacharts.com



Communicable Diseases

HIV

HIV infections in the United States continue to be a major public health crisis. An estimated 1.2 million Americans are living with HIV, and 1 out of 8 people with HIV do not know they have it. Although HIV infections have declined 18% in the U.S. from 2008 to 2014, HIV continues to spread.

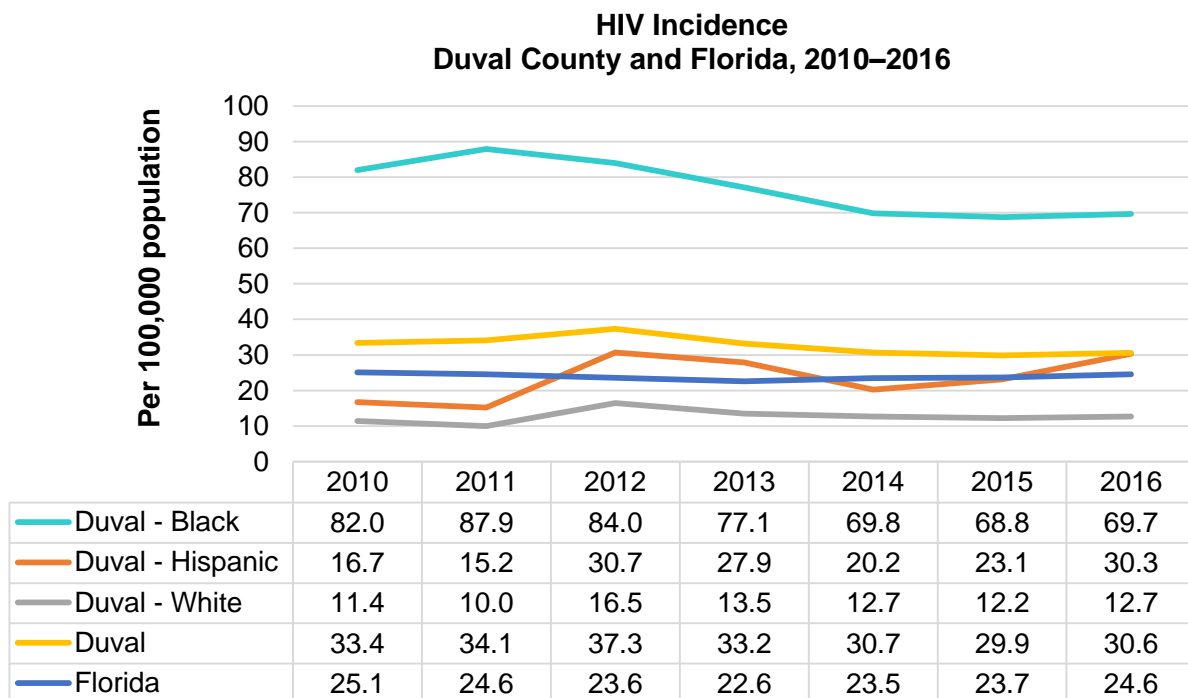
HIV is a preventable disease. People who get tested for HIV and learn that they are infected can make behavior changes to improve their health and reduce the risk of transmission. It is estimated that 91% of new HIV infections in the U.S. are transmitted from people not diagnosed or diagnosed but not in care. Data from the BRFSS, indicate that the percent of Duval County adults who have ever been tested for HIV increased from 48% in 2013 to 57% in 2016.

Adults Who Have Ever Been Tested for HIV, Duval County and Florida, 2013–2016.

Year	Duval	Florida
2013	47.9%	42.6%
2016	57.3%	46.9%

Source: Behavioral Risk Factor Surveillance System, 2013–2016

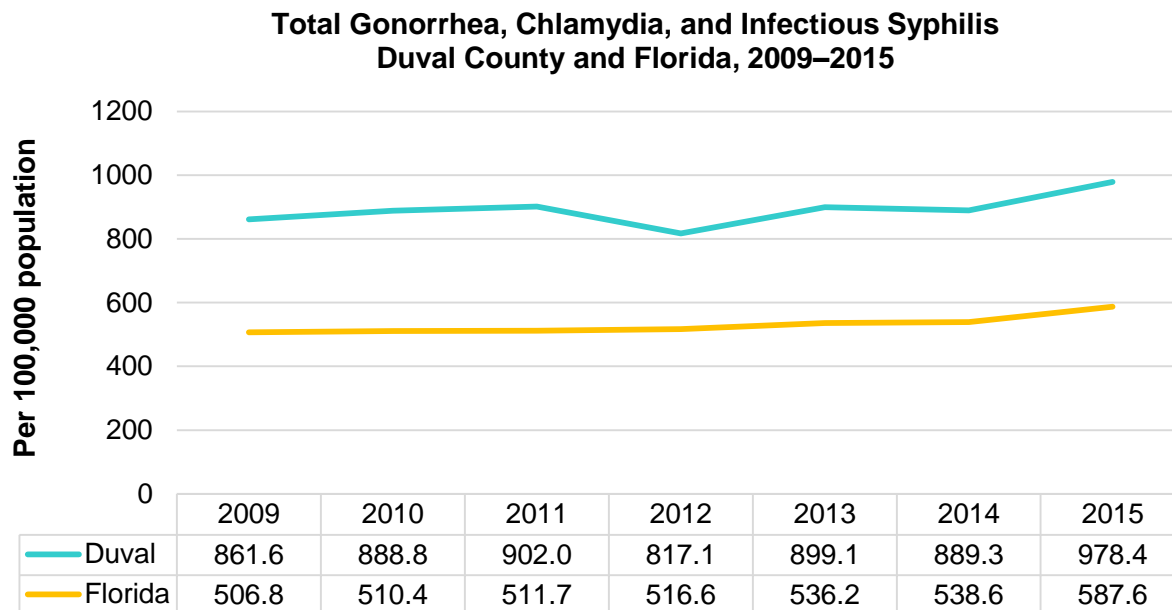
From 2010 to 2016, the HIV infection rate in Duval County has been consistently higher than the rate for Florida. In 2016, the HIV incidence rate of black residents in Duval County was more than double the rate of Duval County and more than five times the rate of white residents in Duval County.



Source: www.floridacharts.com

STDs

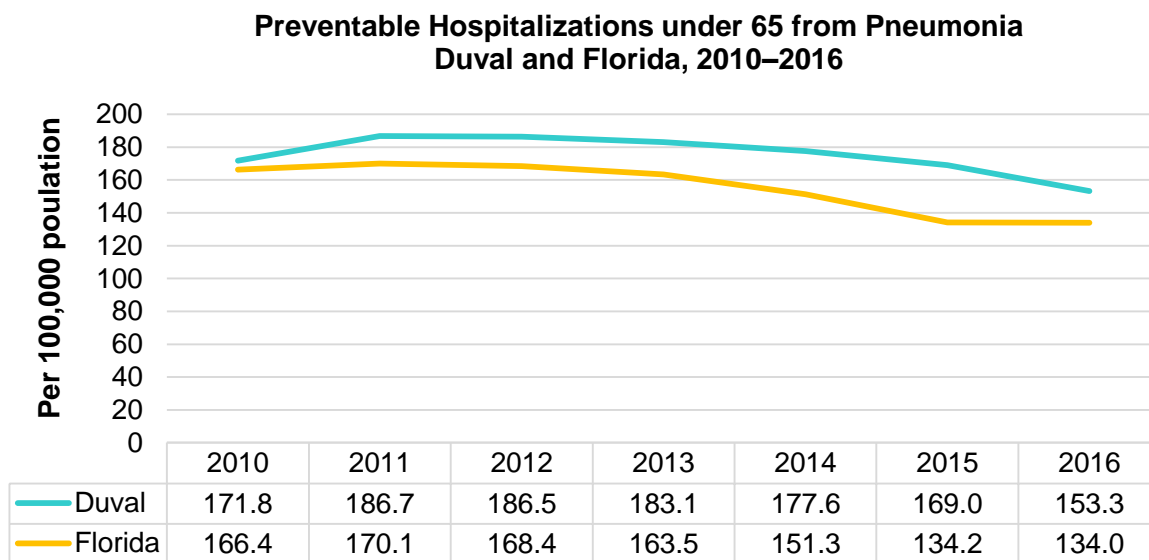
The following graph displays the rate of gonorrhea, chlamydia and infectious syphilis in Duval County and Florida from 2009 to 2015. During this time, Duval County has consistently had higher rates of gonorrhea, chlamydia, and infectious syphilis when compared to the state.



Source: www.floridacharts.com

Pneumonia

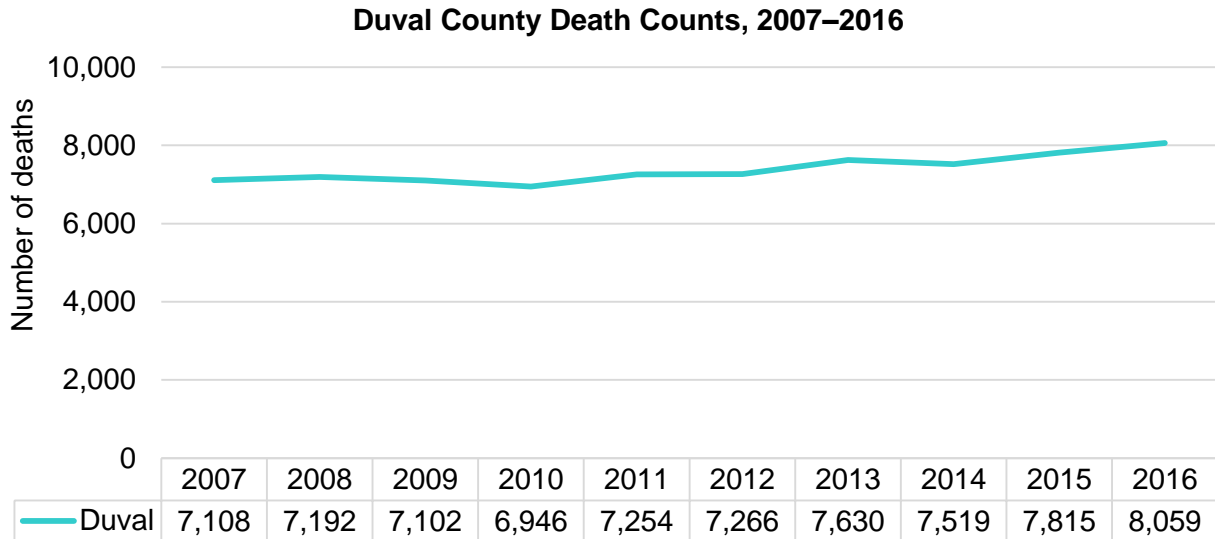
The table below presents the rate of preventable hospitalizations under 65 from pneumonia in Duval County and Florida from 2010 to 2016. Although Duval County has seen an overall decrease in preventable hospitalizations from pneumonia since 2011, the county has remained above the state during this time period.



Source: www.floridacharts.com

Mortality

In 2016, 8,059 people died in Duval County, consistent with deaths in recent years and increasing only slightly from 2015.

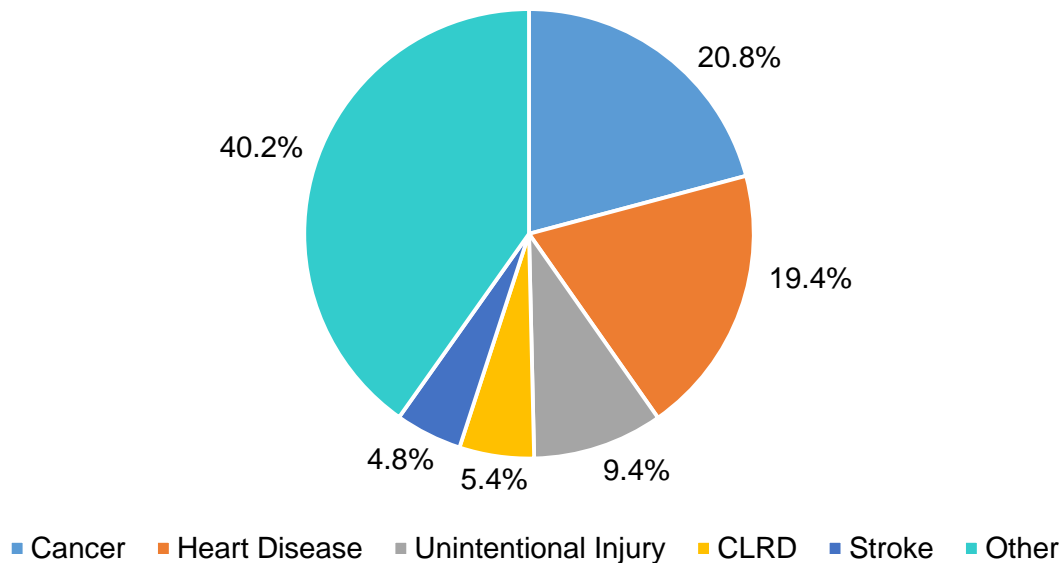


Source: www.floridacharts.com

Leading Causes of Death

Cancer and heart disease are the leading causes of death in Duval County, accounting for 21% and 19% of deaths in Duval County in 2016. Please see the figure below for the percentages associated with each of the top five leading causes of death in 2016.

Leading Causes of Death in Duval County, 2016



Source: www.floridacharts.com

There were not large differences in the top five leading causes of death across HZs in Duval County in 2016. Unintentional injury accounted for a smaller percentage of the total deaths in HZ 1 (7.8%) and HZ 3 (7.8%), compared to Duval County (9.1%). HZ 5 (8.0%) had the highest percentage of deaths due to chronic lower respiratory diseases (CLRD) and HZ 6 has the highest percentage of deaths due to stroke (7.0%).

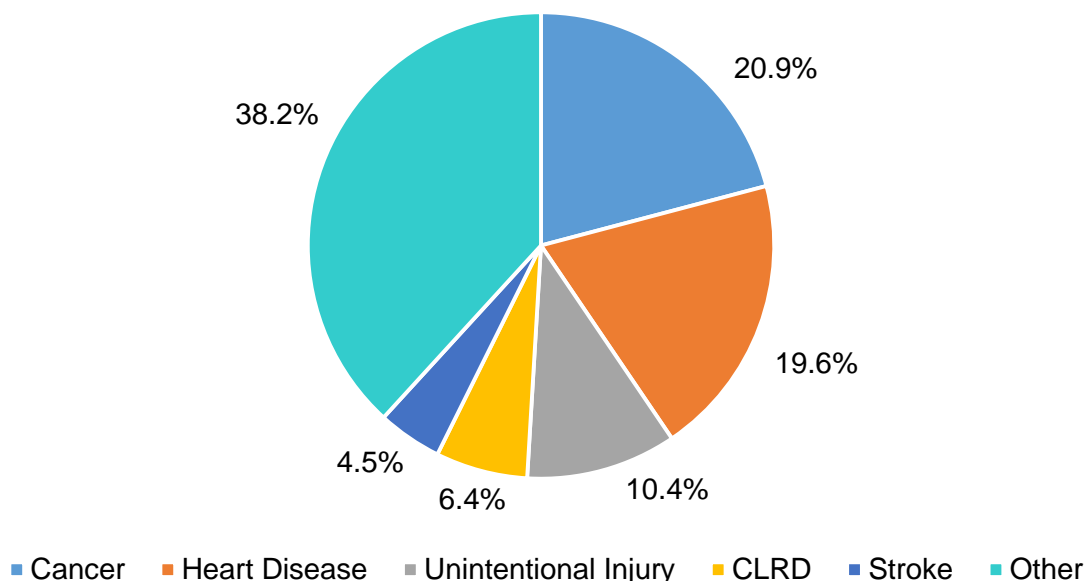
Leading Causes in 2016 by Health Zone

	Cancer	Heart Disease	Unintentional Injury	CLRD	Stroke	Other
Duval County	20.7%	19.2%	9.1%	5.3%	4.8%	40.9%
Health Zone						
HZ 1	19.6%	19.5%	7.8%	4.5%	5.3%	43.3%
HZ 2	22.0%	18.8%	9.0%	5.3%	4.0%	40.9%
HZ 3	20.9%	20.3%	7.8%	4.0%	5.4%	41.6%
HZ 4	19.7%	18.9%	10.8%	5.9%	4.9%	40.2%
HZ 5	22.2%	20.4%	10.2%	8.0%	3.9%	35.3%
HZ 6	21.1%	19.4%	10.9%	5.6%	7.0%	36.1%

Source: DOH Vital Statistics, Death File, 2016

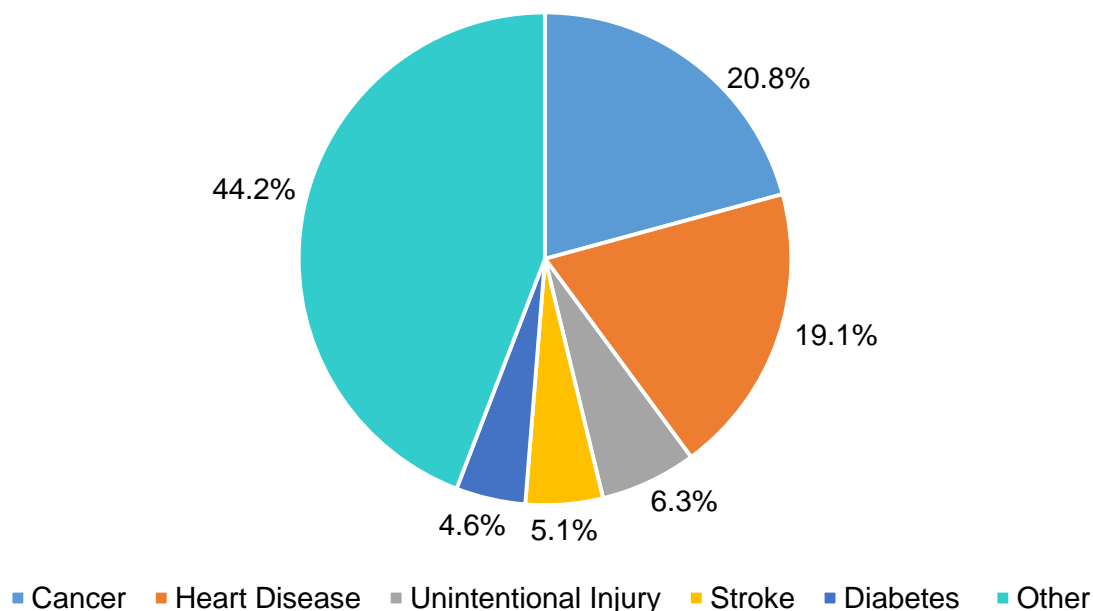
The top five leading causes of death in Duval County vary significantly by race. Diabetes is a leading cause of death among black and other residents, accounting for 4.6% and 5.7% of deaths in 2016. Please see the charts below for information on the top five leading causes of death by race.

**Leading Causes of Death in Duval County
White Residents, 2016**



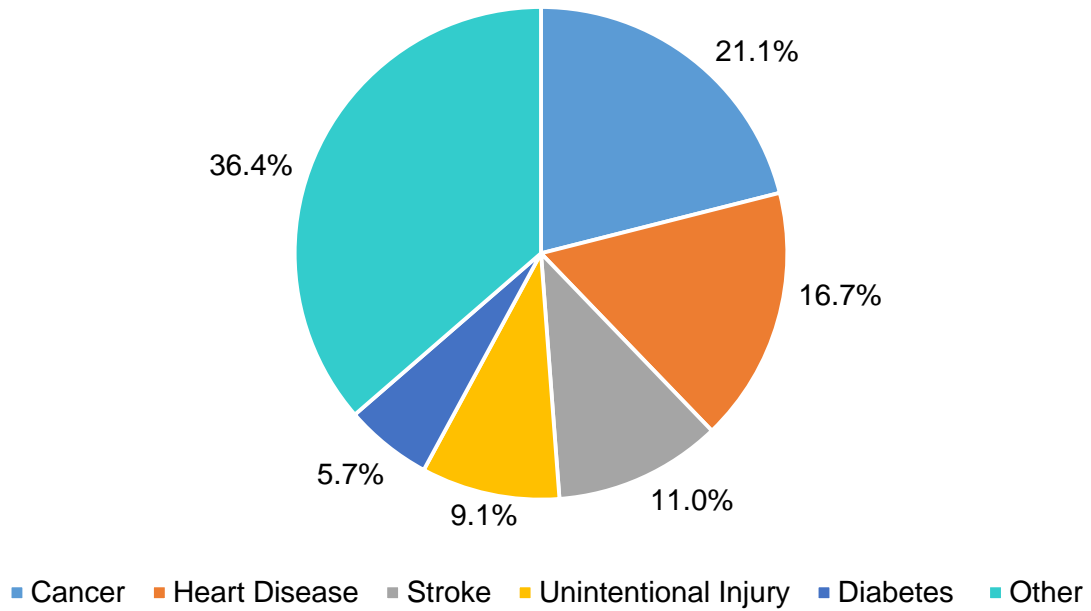
Source: www.floridacharts.com

**Leading Causes of Death in Duval County
Black Residents, 2016**



Source: DOH Vital Statistics Death File, 2016

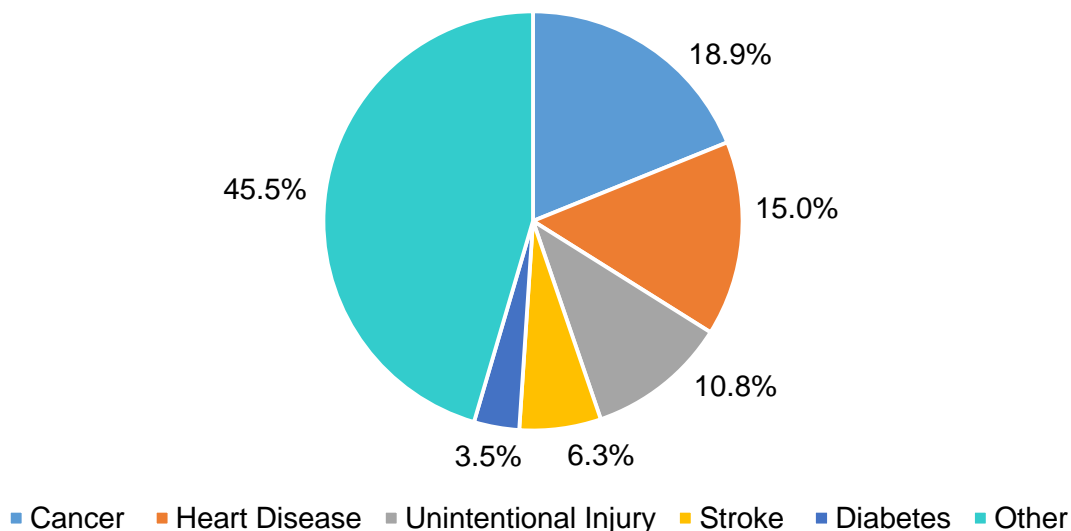
**Leading Causes of Death in Duval County
Other Residents, 2016**



Source: www.floridacharts.com

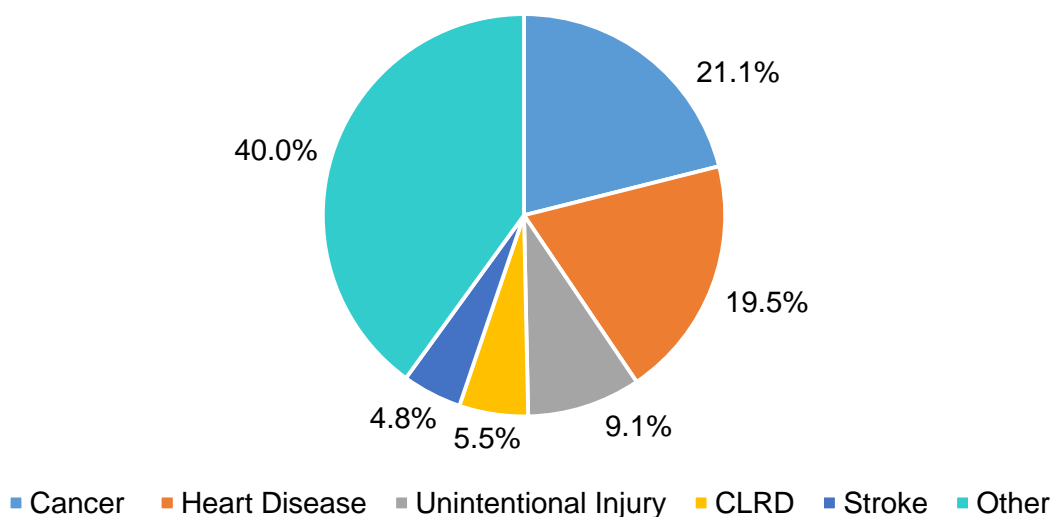
The top five leading causes of death also varied by ethnicity in Duval County in 2016. Heart disease accounted for 20% of deaths among non-Hispanics, compared to 15% of deaths among Hispanics. In addition, diabetes was a leading cause of death among Hispanics, but not non-Hispanics. Please see the charts below for information on the top five leading causes of death by ethnicity.

**Leading Causes of Death in Duval County
Hispanic Residents, 2016**



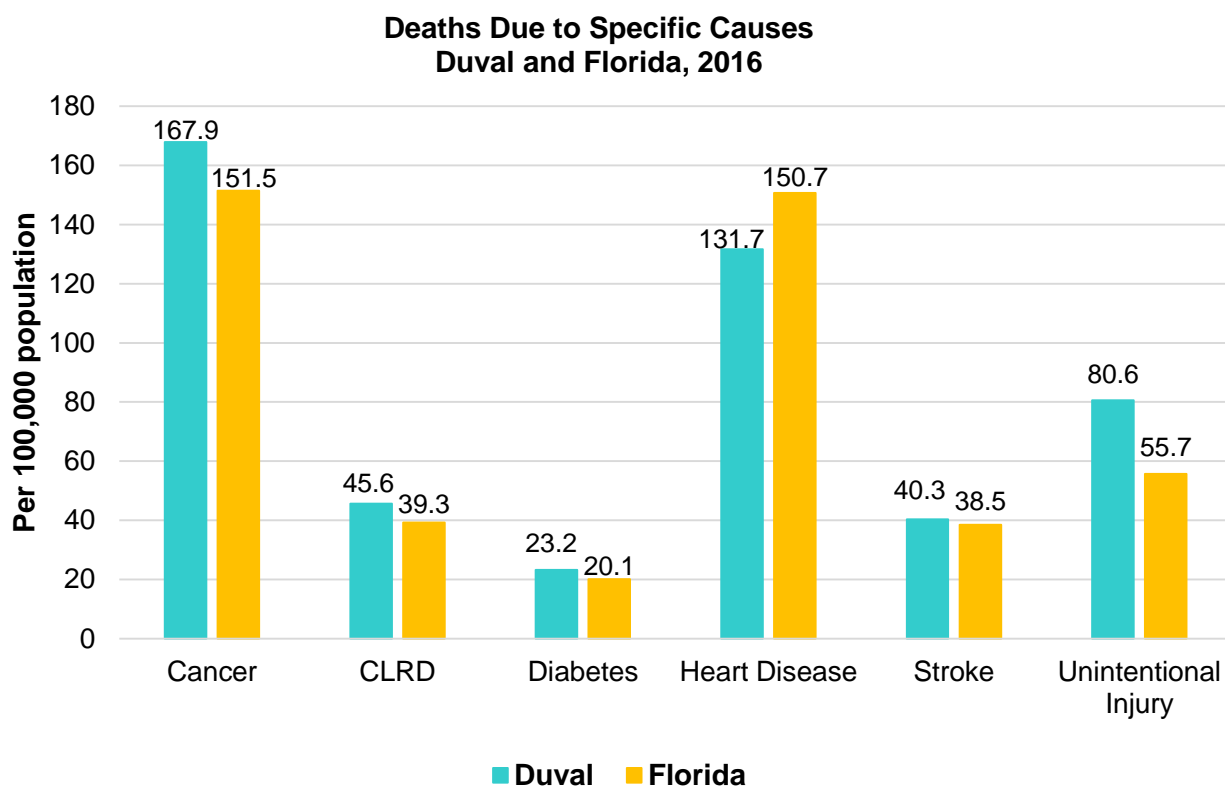
Source: www.floridacharts.com

**Leading Causes of Death in Duval County
Non-Hispanic Residents, 2016**



Source: www.floridacharts.com

The chart below compares the death rate for specific causes in Duval County and Florida. In 2016, Duval County had higher death rates due to cancer, CLRD, stroke, and unintentional injury compared to Florida.



Source: www.floridacharts.com



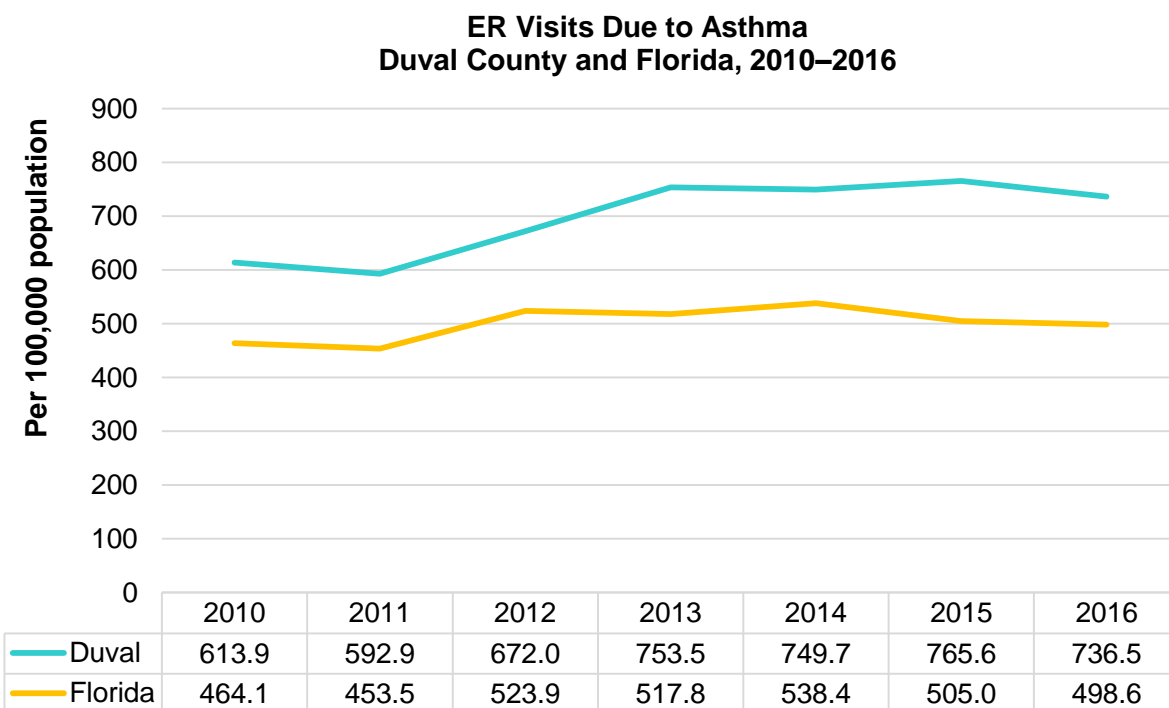
Environment

Maintaining a healthy environment is central to increasing quality of life and years of healthy life. Environmental factors that impact health outcomes include:

- Exposure to hazardous substances in the air, water, soil, and food
- Natural and technological disasters
- Climate change
- Occupational hazards
- The built environment

ER Visits due to Asthma

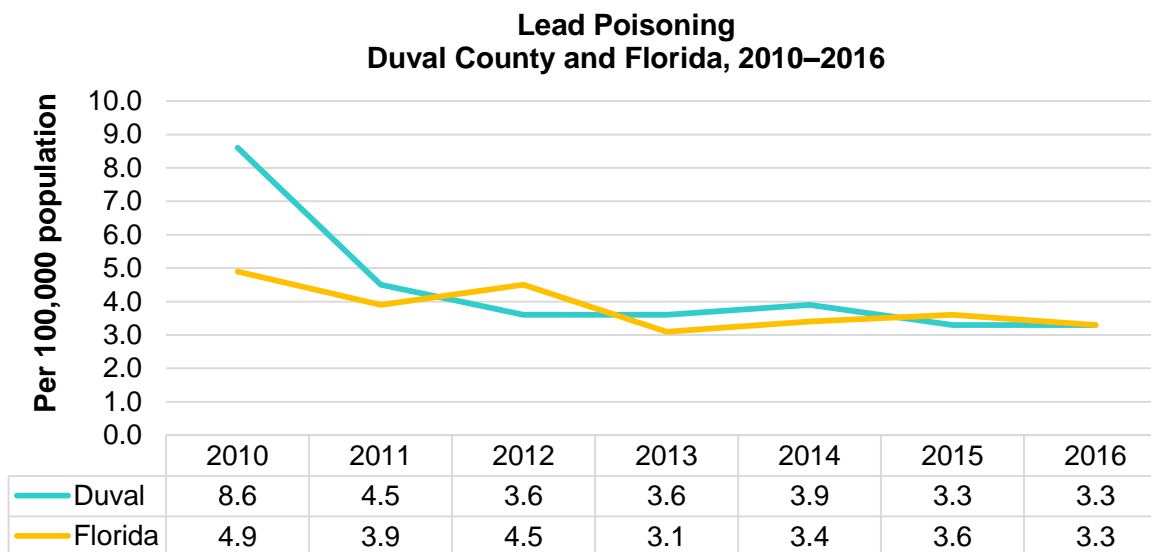
Air pollution can worsen asthma symptoms and trigger attacks. Ozone (found in smog) and particle pollution (found in haze, smoke, and dust) are two key air pollutants that affect asthma. When ozone and particle pollution are high, adults and children with asthma are more likely to have symptoms. The following graph presents data on ER visits due to asthma in Duval County and Florida from 2010 to 2016. During this time period, the rate for ER visits due to asthma was consistently higher in Duval County than Florida.



Source: www.floridacharts.com

Lead Poisoning

Lead poisoning can cause learning disabilities, behavioral problems, and, at very high levels, seizures, coma, and even death. Children under 6 years old are most at risk. Lead poisoning is most often associated with exposure to lead based paints, particles, and dust found in homes that were built prior to 1978. Since 2010, lead poisoning rates in Duval County have decreased dramatically. In 2016, there were 31 cases of lead poisoning in Duval County and the lead poisoning rate for Duval County was the same as the state rate.

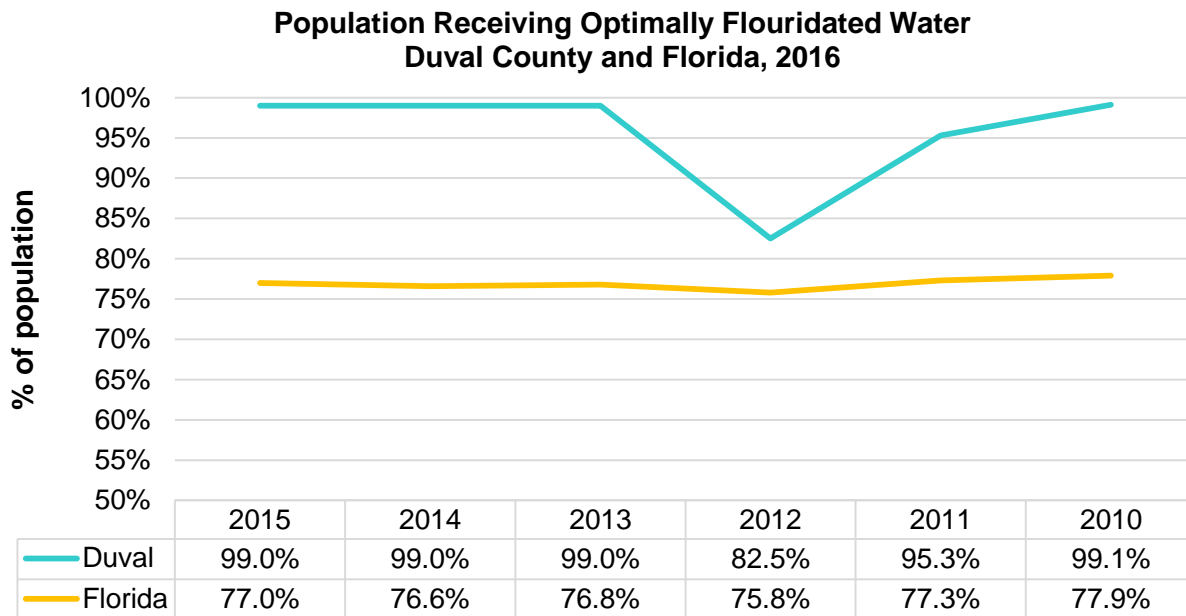


Source: www.floridacharts.com



Water Fluoridation

Drinking fluoridated water keeps teeth strong and reduces cavities by about 25% in children and adults. By preventing cavities, community water fluoridation has been shown to save money for families and for the health care system. Community water fluoridation is a cost-effective way to deliver fluoride to people of all ages, education levels, and income levels who live in a community. In 2016, 99% of Duval County's population received optimally fluoridated water, compared to 77% for the state overall.

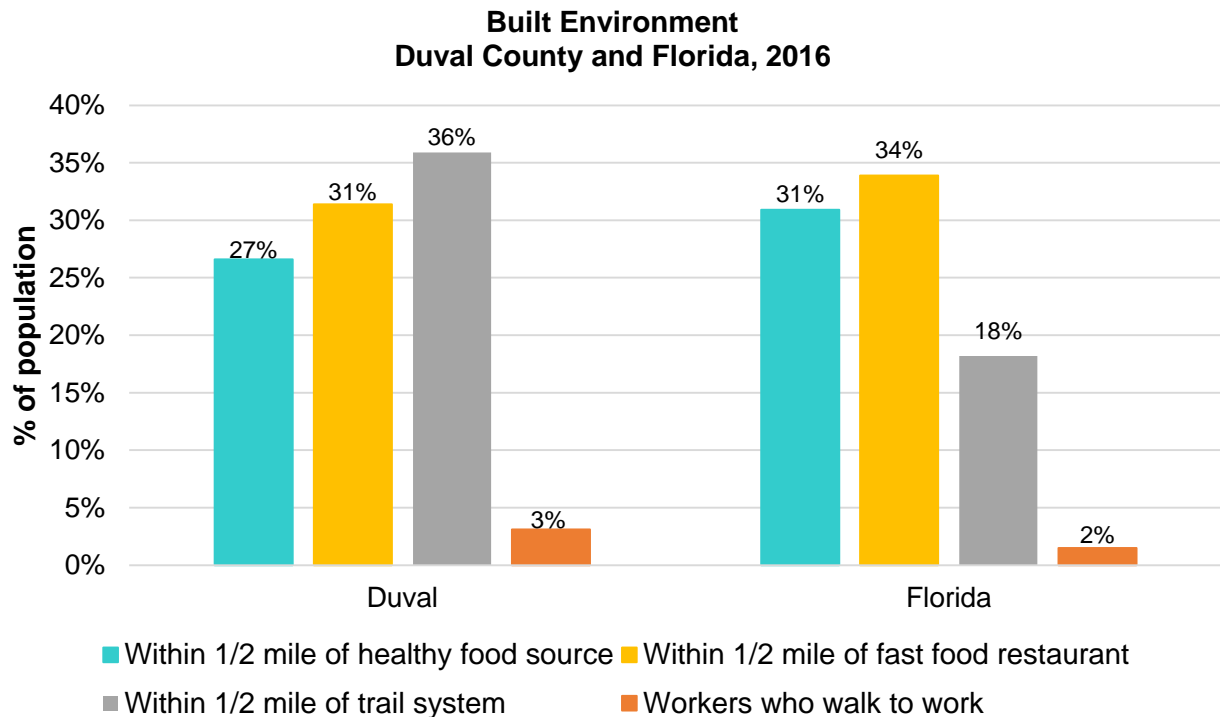


Source: www.floridacharts.com



Built Environment

The built environment includes the physical makeup of where we live, learn, work, and play — our homes, schools, businesses, streets and sidewalks, open spaces, and transportation options. The built environment can influence overall community health and individual behaviors such as physical activity and healthy eating. In Duval County in 2016, 27% of the population lived within a ½ mile of a healthy food source and 31% of the population lived within a ½ mile of a fast food restaurant. Compared to Florida, twice as many residents in Duval County live within a ½ mile of an off-street trail system.



Source: www.floridacharts.com

Overall CHSA Results

The MAPP Steering Committee reviewed results from the CHSA to identify the top health priorities facing Duval County:

- Access to care
- Addiction
- Adult and childhood obesity
- Food access
- HIV
- Infant health outcomes
- Infant mortality
- Suicide
- Violence
- STDs

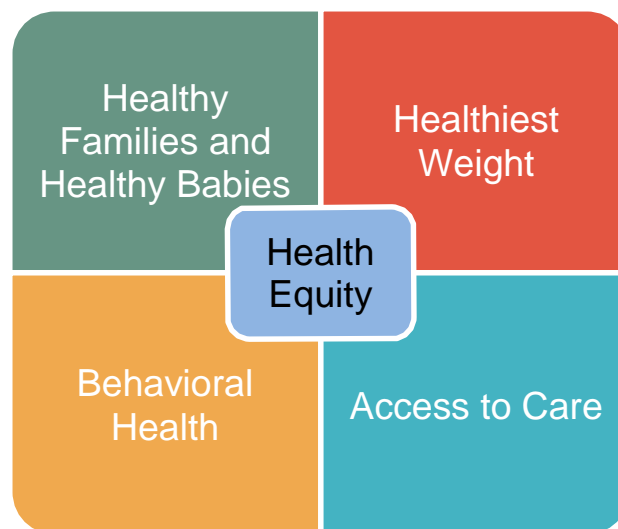


Identifying Strategic Issues

Strategic issues are challenges that must be addressed in order to achieve the community's vision for a healthier Duval County. During a July 2016 meeting, MAPP Steering Committee members reviewed and synthesized findings from the four MAPP assessments. Meeting attendees worked in small groups to discuss the assessment findings and explore convergence among the MAPP assessments. After each group identified three to four themes, each meeting attendee received four stickers to apply to the top four health priorities facing Duval County. Meeting attendees were requested to consider the following criteria when selecting health priorities:

Relevance	Appropriateness	Impact	Feasibility
<ul style="list-style-type: none"> • Burden • Severity of problem • Economic cost • Urgency • Community concern • Focus on equity and accessibility 	<ul style="list-style-type: none"> • Ethical and moral issues • Human rights issues • Legal aspects • Political and social acceptability • Public attitudes and values 	<ul style="list-style-type: none"> • Effectiveness • Builds on current work • Moves the needle • Demonstrates measureable outcomes • Addresses multiple wins 	<ul style="list-style-type: none"> • Community capacity • Technical capacity • Economic capacity • Political capacity • Socio-cultural aspects

The MAPP Steering Committee members voted for the issues below to become strategic priority areas in Duval County's CHIP. Initially, health equity was identified as a priority area for the CHIP. However, following discussion, addressing health inequities was identified as a cross-cutting strategy that will be integrated across all strategic priority areas.



Conclusion

The Duval County Community Health Assessment (CHA) was a collaborative effort by local public health system partners with the goal of improving the health and well being of residents. Together, the four MAPP assessments provide insight into the health needs in the county. Through a series of meetings, the Steering Committee reviewed, analyzed, and synthesized findings from the CHA to inform the development of Duval County's Community Health Improvement Plan (CHIP). The strategic priority areas identified through this process are:

- Healthy Families and Healthy Babies
- Healthiest Weight
- Behavioral Health
- Access to Care
- Addressing health inequities was identified as a cross-cutting strategy that will be integrated across all strategic priority areas



Appendices

Appendix A: Updates: Community-Driven Process and Place-Based Approach

Appendix A: Community-Driven Process and Place-Based Approach

Health improvement does not occur solely at the government or agency level, but must be expanded and practiced in our homes, our workplaces, our schools, and our faith-based organizations. Expanding partnerships in the community and increasing overall engagement is paramount throughout this process. To this end, the Florida Department of Health in Duval County (DOH-Duval) has made engaging and reengaging diverse community partners in the community health assessment and improvement process a priority.

Following the release of the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), four committees were formed to focus on the identified priority health areas. The committees are composed of various community partners representing diverse sectors including local hospitals and health care organizations, local government, community-based organizations, faith-based organizations, social service organizations, and educational institutions. A rubric tool was developed to track attendance, as well as identify areas or sectors missing representation at monthly meetings. The process of engaging and reengaging partners is continuous to ensure a successful process.

Since its release, the CHA has continued to inform and guide collaborative health improvement initiatives throughout the county. Conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes. Environmental and social factors such as access to health care and early intervention services, educational, employment, and economic opportunities, social support, and availability of resources to meet daily needs influence health status. Because where we live, work, learn, and play significantly impacts our health and well-being, a place-based approach was adopted for the Duval County CHA process. A place-based approach to chronic disease prevention and health promotion focuses on creating healthy neighborhoods so that all residents have the opportunity to reach their full health potential.

As our community partners moved from the planning to implementation phases, data was reviewed at the sub-county level (e.g., zip code and census tract) to identify specific areas within Duval County experiencing poorer health outcomes when compared to surrounding neighborhoods. A comprehensive review of both primary and secondary data sources was conducted to obtain the most reliable and current information. The secondary data sources that were used during this process include, but are not limited to, the Florida Department of Health, United States Census Bureau – American Community Survey, Behavior Risk Factor Survey and Surveillance (BRFSS), and United States Department of Agriculture – Food Access Research Atlas. Primary data was also compiled and analyzed to inform health improvement efforts through community engagement surveys, focus groups, community meetings, and neighborhood resource inventories.

Through this review, two neighboring census tracts in zip codes 32205 and 32210 were identified and chosen as areas to focus health improvement efforts. The following portion of this report is comprised of data that was compiled and reviewed after the initial release of the CHA to inform the selection of neighborhoods for targeted health improvement efforts. The data reviewed is for a number of indicators related to health and well-being, including the social determinants of health, behavioral risk factors, environmental factors, policies, and unique characteristics of the community.

[illegible][illegible]

Demographic and Socioeconomic Profile

Demographic and socioeconomic status can influence access to care and health outcomes. The selected indicators provide background context for specific needs in the community and provide information imperative to the identification of barriers and gaps in the health care system.

Race and ethnicity are an important consideration for health improvement and planning, as health behavior, health care utilization, and health outcomes often differ between races and ethnicities. The table below provides insight into the race and ethnicity of residents living in the two identified census tracts. In 2017, over 50% of the residents in census tract 122 and census tract 126.02 were black. During this same time, only about 29.7% of the total population in Duval County were black.

Population by Race and Ethnicity, 2017

	Florida	Duval County	122	126.02
Total Population	20,278,447	912,043	7,369	5,546
Race				
White (%)	75.7	60.7	43.4	40.1
Black or African American (%)	16.1	29.7	52.7	57.5
American Indian & Alaska Native (%)	0.3	0.2	--	--
Asian (%)	2.7	4.6	2.8	0.9
Native Hawaiian & Other Pacific Islander (%)	0.1	0.1	--	--
Some other race (%)	2.6	1.4	--	--
Two or more races (%)	2.5	3.2	1.1	1.5
Ethnicity				
Hispanic or Latino, of any race (%)	24.7	9.0	5.5	3.1

Source: www.floridacharts.com

Health needs vary greatly by gender and age. Because of this, examining the age composition of a neighborhood aids in identifying needs. The table below shows the population by age, as well as gender. The median age in both census tracts was lower when compared to Duval County and Florida.

Population by Sex and Age, 2017

	Florida	Duval County	122	126.02
Total Population	20,278,447	912,043	7,369	5,546
Sex and Age				
Male (%)	48.9	48.5	46.7	48.4
Female (%)	51.1	51.5	53.3	51.6
Median age (years)	41.8	36	29.6	34.7
Under 5 years (%)	5.5	6.8	11.1	6.0
5 to 9 years (%)	5.6	6.3	9.8	11.6
10 to 14 years (%)	5.7	6.1	9.3	5.1
15 to 19 years (%)	5.9	5.9	6.1	4.3
20 to 24 years (%)	6.4	7.2	6.3	3.4
25 to 34 years (%)	12.8	16.2	17.7	20.6
35 to 44 years (%)	12.2	12.7	9.1	14.7
45 to 54 years (%)	13.6	13.4	9.1	13.6
55 to 59 years (%)	6.8	6.7	7.0	4.4
60 to 64 years (%)	6.3	5.8	4.8	7.7
65 to 74 years (%)	10.7	7.9	4.0	3.9
75 to 84 years (%)	6.1	3.5	4.0	2.5
85 years and over (%)	2.6	1.6	1.7	2.2

Source: www.floridacharts.com

Educational attainment has been shown to affect not only income, but also health outcomes. Those with more education tend to have better health outcomes than those with less. The table below shows the educational attainment in census tracts 122 and 126.02, as well as in Duval County and Florida.

Educational Attainment by Location, 2017

	Florida	Duval County	122	126.02
Total Population	20,278,447	912,043	7,369	5,546
Educational Attainment				
Population 25 years and over	14,396,066	617,788	4,228	3,864
Less than 9th grade (%)	5.1	3.1	5.6	1.6
9th to 12 grade, no diploma (%)	7.3	7.6	19.1	12.5
High school graduate or higher (%)	87.6	89.4	75.3	85.9
High school graduate, includes GED (%)	29.0	27.9	42.8	40.2
Some college, no degree (%)	20.4	22.7	18.2	26.8
Associate's degree (%)	9.8	10.1	7.6	7.0
Bachelor's degree or higher (%)	28.5	28.7	6.7	12.0

Source: www.floridacharts.com

For many, employment provides the income, benefits, and stability necessary for good health. On the contrary, job loss and unemployment is associated with a variety of negative health effects that can prove taxing on a health system serving a large population. In census tracts 122 and 126.02, unemployment rates are significantly higher than Duval County and Florida. In 126.02, the unemployment rate was more than double Duval County's rate of unemployment.

People with low incomes tend to have more restricted access to medical care, are more likely to be uninsured or underinsured, and face greater financial barriers to affording deductibles, copayments, and the costs of medicines and other health care expenses. To that end, it was imperative to our committee members that we consider incomes when identifying areas to focus improvement efforts. In 2017, census tract 122 had a median household income of \$25,595, while census tract 126.02 reported a median household income of \$35,324. During this same time, Duval County had a median income of over \$51,000.

Poverty is both a cause and a consequence of poor health. Poverty increases the chances of poor health. Poor health, in turn, traps communities in poverty. Over a third of families (37.7%) in census tract 122 were under the poverty level.

Socioeconomic Profile by Location, 2017

	Florida	Duval County	122	126.02
Total Population	20,278,447	912,043	7,369	5,546
Employment Status				
Civilian labor force unemployed (%)	7.2	7.4	12.3	16.5
Income and Benefits				
Median household income (dollars)	50,883	51,296	25,595	35,324
Total households	7,510,882	347,783	2,865	2,228
With earnings (%)	72.3	78.9	75.1	79.7
With social security (%)	36.8	27.9	22.7	23.5
With retirement income (%)	19.7	18.6	12.4	15.4
With Supplemental Security Income (%)	5.1	5.2	9.1	8.5
With cash public assistance income (%)	2.1	2.8	4.7	3.2
With Food Stamp/SNAP benefits (%)	14.4	15.6	33.7	29.8
Poverty				
Families under 100% of poverty (%)	11.1	12.0	37.7	13.7
With children under 18 years (%)	18.2	19.7	59.6	17.1
With children under 5 years (%)	17.0	18.3	65.8	28.2
People under 100% of poverty (%)	15.5	16.0	41.3	20.7

Source: www.floridacharts.com

Compared with the insured, uninsured individuals have a higher prevalence of chronic medical illness, greater physical morbidity, and higher mortality. They face greater barriers to accessing care—they are less likely to have a regular source of medical care, less likely to see a physician when acutely ill, and more likely to delay needed care due to concerns about cost. Almost 20% of residents in census tract 126.02 lacked health insurance coverage. In addition, both census tracts exceeded the state and county's percent of residents with public health insurance coverage.

Health Insurance Coverage and Disability Status by Location, 2017

	Florida	Duval County	122	126.02
Total Population	20,278,447	912,043	7,369	5,546
Health Insurance Coverage				
With health insurance coverage (%)	85.1	87.2	86.7	80.7
With private health insurance (%)	60.8	64.7	40.3	51.9
With public coverage (%)	36.5	33.2	56.2	40.4
No health insurance coverage (%)	14.9	12.8	13.3	19.3
Disability Status				
With a disability (%)	13.4	13.5	17.2	18.4

Source: www.floridacharts.com

Transportation barriers are often cited as barriers to healthcare access. Transportation barriers lead to rescheduled or missed appointments, delayed care, and missed or delayed medication use. These consequences may lead to poorer management of chronic illness and, thus, poorer health outcomes. Census tracts 122 and 126.02 had a higher number of houses reporting no vehicles available when compared to Duval County and Florida.

Housing Occupancy and Vehicle Availability by Location, 2017

	Florida	Duval County	122	126.02
Total Population	20,278,447	912,043	7,369	5,546
Housing Occupancy				
Occupied housing units (%)	81.1	87.0	87.9	87.2
Owner-occupied (%)	64.8	57.7	40.9	43.3
Renter-occupied (%)	35.2	42.3	59.1	56.7
Median value of owner-occupied units (dollars)	178,700	156,200	78,100	118,000
Occupied Housing Unit Characteristics				
With no vehicles available (%)	6.7	8.2	18.5	11.9
With 1 vehicle available (%)	40.6	38.9	45.9	46.6
With 2 vehicles available (%)	38.2	38.6	29.3	35.0
With 3 or more vehicles available (%)	14.5	14.3	6.3	6.5

Source: www.floridacharts.com

Maternal and Child Health

Improving the well-being of mothers, infants, and children is an important public health goal. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system.

The table below provides a breakdown of births in census tract 122 and census tract 126.02. From 2012-2016, there were a total of 1,304 live births. Over two-thirds of births during this time were black and over 90% were non-Hispanic.

Births by Race, Ethnicity, and Mother's Age, Census Tract 122 and Census Tract 126.02, 2012-2016

	122	126.02
Total Births	863	441
Race		
White	270(31.3%)	139(31.5%)
Black & Other	591(68.5%)	301(68.3%)
Unknown	2(0.2%)	1(0.2%)
Ethnicity		
Hispanic	45(5.2%)	35(7.9%)
Non-Hispanic or Haitian	814(94.3%)	405(91.8%)
Unknown	4(0.5%)	1(0.2%)
Mother's Age		
15-19	79(9.2%)	43(9.8%)
20-24	387(44.8%)	145(32.9%)
25-29	229(26.5%)	114(25.9%)
30-34	119(13.8%)	88(20.0%)
35-39	44(5.1%)	38(8.6%)
40-44	5(0.6%)	12(2.7%)
45 +	0(0.0%)	1(0.2%)

Source: www.floridacharts.com

The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy), prenatal (during pregnancy), and interconception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of developmental delays and disabilities and other health conditions among infants can prevent death or disability and enable children to reach their full potential. The following table is comprised of select maternal, child, and infant health indicators for census tract 122, census tract 126.02, and Duval County. The information was reviewed by committee members to identify the needs of these two communities and inform health improvement planning. There were significant disparities observed in both census tracts when compared to Duval County including:

- Lower number of births to mothers with 1st trimester prenatal care
- Higher number of births to mothers who were obese prior to pregnancy (BMI 30+)
- Higher number of births covered by Medicaid

Maternal and Child Health Profile by Location, Duval County, Census Tract 122 and Census Tract 126.02, 2012-2016

	Duval County	122	126.02
Total Births	--	863	441
Births to mothers with 1st trimester prenatal care	70.1%	467(54.1%)	241(54.6%)
Births to mothers who smoked during pregnancy	6.8%	80(9.3%)	39(8.8%)
Births to mothers who were obese prior to pregnancy (BMI 30+)	27.2%	319(37.0%)	153(34.7%)
Births to mothers with less than a high school education	13.7%	194(22.5%)	84(19.0%)
Births covered by Medicaid	50.1%	713(82.6%)	314(71.2%)
Preterm births (less than 37 weeks gestation)	13.5%	146(16.9%)	89(20.2%)
Births under 2500 grams (low birth weight)	9.7%	96(11.1%)	60(13.6%)
Births under 1500 grams (very low birth weight)	2.0%	14(1.6%)	16(3.6%)

Source: www.floridacharts.com

The Kotelchuck Index, also referred to as the Adequacy of Prenatal Care Utilization (APNCU), uses initiation of prenatal care and number of prenatal visits for calculating adequate prenatal care. The table below shows births by the Kotelchuck Index in census tract 122 and census tract 126.02. From 2012-2016, 370 births, or 28.4%, to residents of these two neighborhoods had inadequate prenatal care.

Births by Kotelchuck Index, Census Tract 122 and Census Tract 126.02, 2012-2016

	122	126.02
Total Births	863	441
Kotelchuck Index		
Inadequate Prenatal Care	258(29.9%)	112(25.4%)
Intermediate Prenatal Care	142(16.5%)	68(15.4%)
Adequate Prenatal Care	221(25.6%)	113(25.6%)
Adequate Plus Prenatal Care	190(22.0%)	110(24.9%)
Unknown	52(6.0%)	38(8.6%)

Source: www.floridacharts.com

WIC is a federally funded nutrition program for women, infants, and children. WIC provides the following at no cost: healthy foods, nutrition education and counseling, breastfeeding support, and referrals for health care and community services. As per the table below, of the total births from 2016-2016, over 66% of mother participated in WIC in these two census tracts.

Births by Mother's WIC Participation, Census Tract 122 and Census Tract 126.02, 2012-2016

	122	126.02
Total Births	863	441
Mother's WIC Participation		
Yes	601(69.6%)	272(61.7%)
No	260(30.1%)	166(37.6%)
Unknown	2(0.2%)	3(0.7%)

Source: www.floridacharts.com

At the state and county level, consistent racial disparities in infant mortality are a public health issue. In Duval County, black infants were almost 3 times more likely to die before their first birthday than white infants. From 2012-2016, these two census tracts had the first and second highest number of infant deaths in Duval County. There were a total of 27 infant deaths, of which 24 deaths were black infants.

Infant Deaths by Race, Census Tract 122 and Census Tract 126.02, 2012-2016

	122	126.02	Total
Infant Deaths	14	13	27
Race			
White	1	2	3
Black	13	11	24
Other	--	--	--

Source: www.floridacharts.com

The following table provides the cause of death for the 27 infant deaths that occurred from 2012-2016 in the identified neighborhoods. A majority of the infant deaths were attributed to extreme low birth weight or extreme immaturity, followed by Sudden Infant Death Syndrome (SIDS).

Infant Cause of Death by Location, Census Tract 122 and Census Tract 126.02, 2012-2016

Infant Cause of Death		122	126.02	Total
Prematurity/Low Birth Weight	Extreme Low Birth Weight Or Extreme Immaturity (P07.0, P07.2)	2	4	6
	Respiratory Distress (P22)	1	--	1
Other Perinatal Conditions	Incompetent Cervix (P01.0)	1	2	3
	Neonatal Hemorrhage (P50-P52, P54)	1	--	1
	Other External Causes & Sequelae (X60-X84, Y10-Y36, Y87.0, Y87.2, Y89)	--	1	1
	Other Perinatal Conditions (P29, P70.3-P70.9, P71-P76, P78-P81, P83.0-P83.1, P83.3-P83.9, P90-P96)	--	3	3
	Placenta Complications (P02.0-P02.3)	1	--	1
	Premature Rupture Of Membranes (P01.1)	1	--	1
Congenital Anomalies	Edward's Syndrome (Q91.0-Q91.3)	--	1	1
	Other Congenital Anomalies (Q10-Q18, Q86-Q89)	1	--	1
Sudden Unexpected Infant Deaths	Sudden Infant Death Syndrome (R95)	4	1	5
	Unintentional Injury: Suffocation & Strangulation In Bed (W75)	1	--	1
Other Causes	In Situ/Benign/Malignant Neoplasms Uncertain/Unknown Behavior (D00-D48)	--	1	1
	Other & Unspecified Respiratory System Diseases (J22, J30-J39, J43-J44, J47-J68, J70-J98)	1	--	1

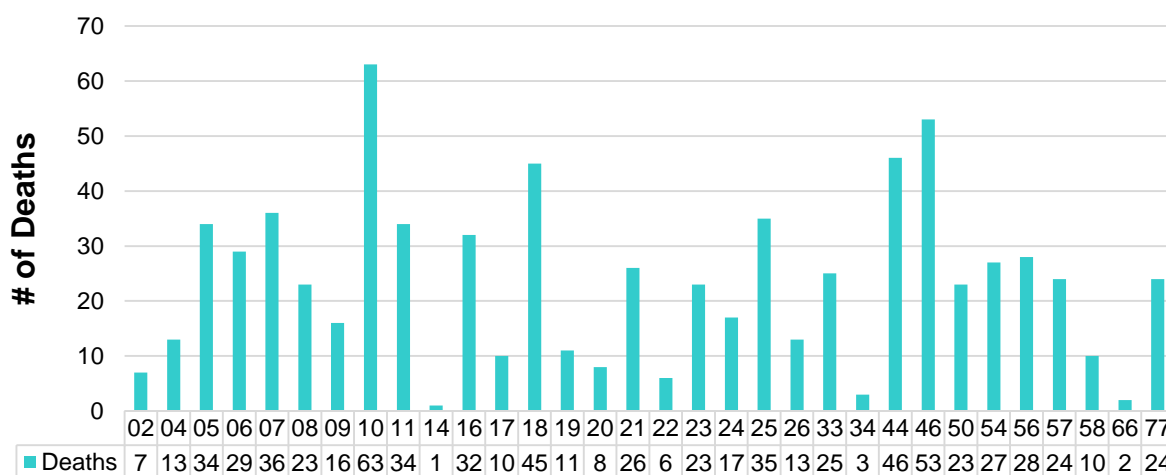
Source: www.floridacharts.com

Behavioral Health

Every day, more than 130 people in the United States die after overdosing on opioids. The misuse of and addiction to opioids—including prescription pain relievers, heroin, and synthetic opioids such as fentanyl—is a serious national crisis that affects public health, as well as social and economic welfare. The Centers for Disease Control and Prevention estimates that the total "economic burden" of prescription opioid misuse alone in the United States is \$78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement.

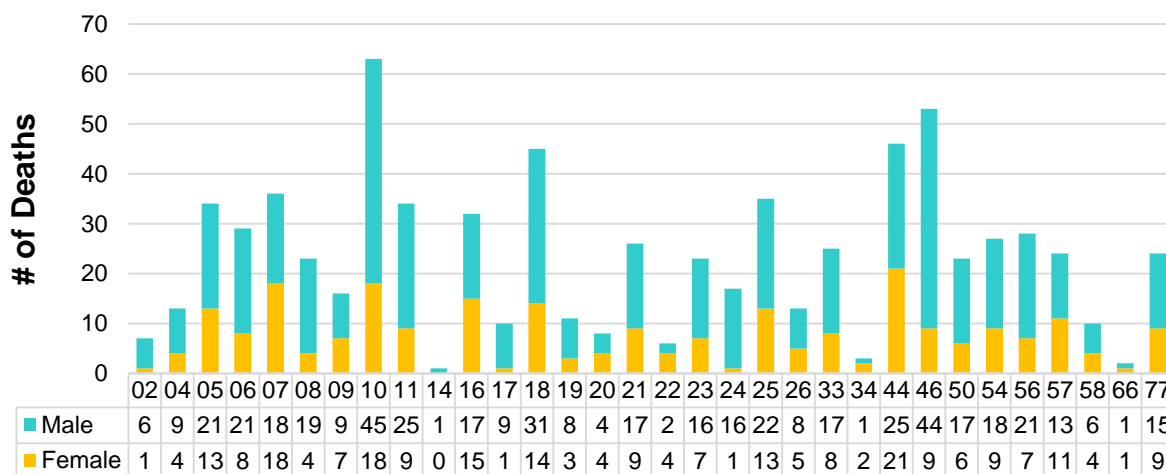
The following charts provide data on deaths due to opioid overdose by zip code in Duval County and by gender, race, and age. From 2015-2017, zip code 32210 had the highest number of deaths due to opioid overdoses with 63 deaths.

**Opioid Overdose by Zip Code
Duval County, 2015-2017**



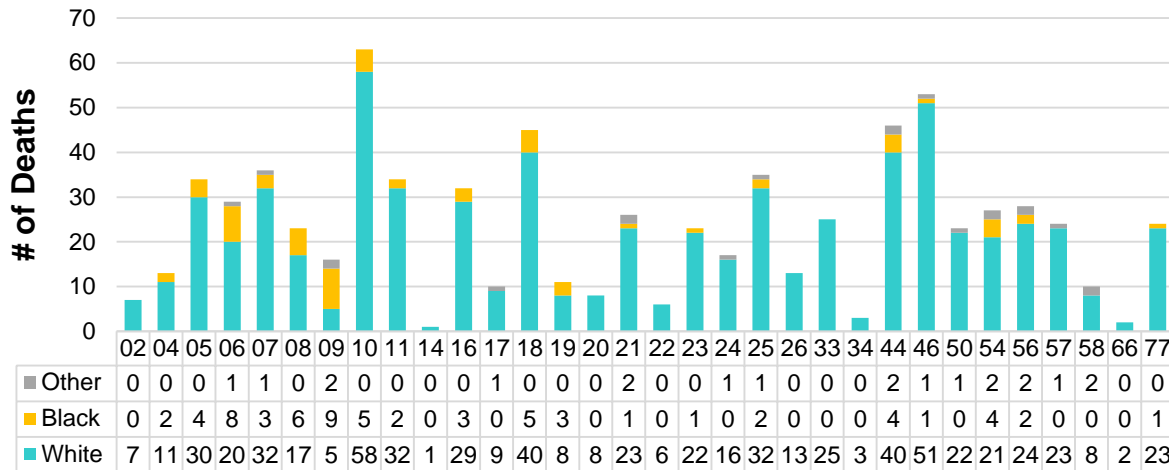
Source: Florida Department of Health, Death File, 2015-2017

**Opioid Overdose Deaths by Sex
Duval County, 2015-2017**



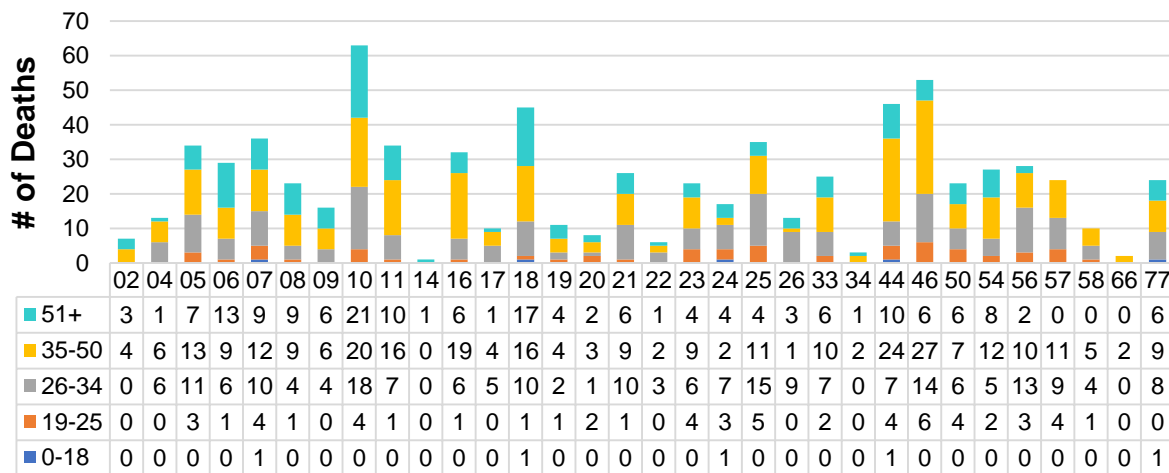
Source: Florida Department of Health, Death File, 2015-2017

Opioid Overdose by Race Duval County, 2015-2017



Source: Florida Department of Health, Death File, 2015-2017

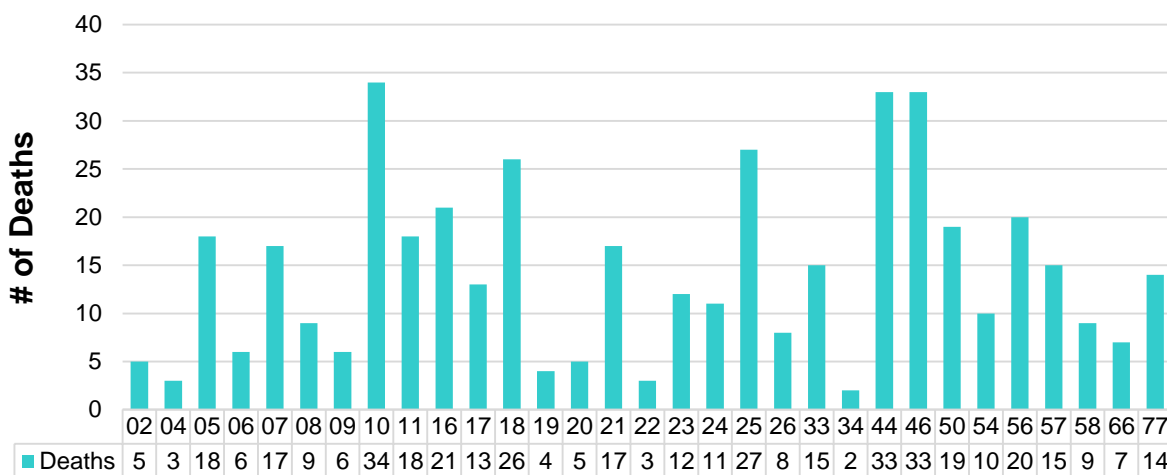
Opioid Deaths by Age Duval County, 2015-2017



Source: Florida Department of Health, Death File, 2015-2017

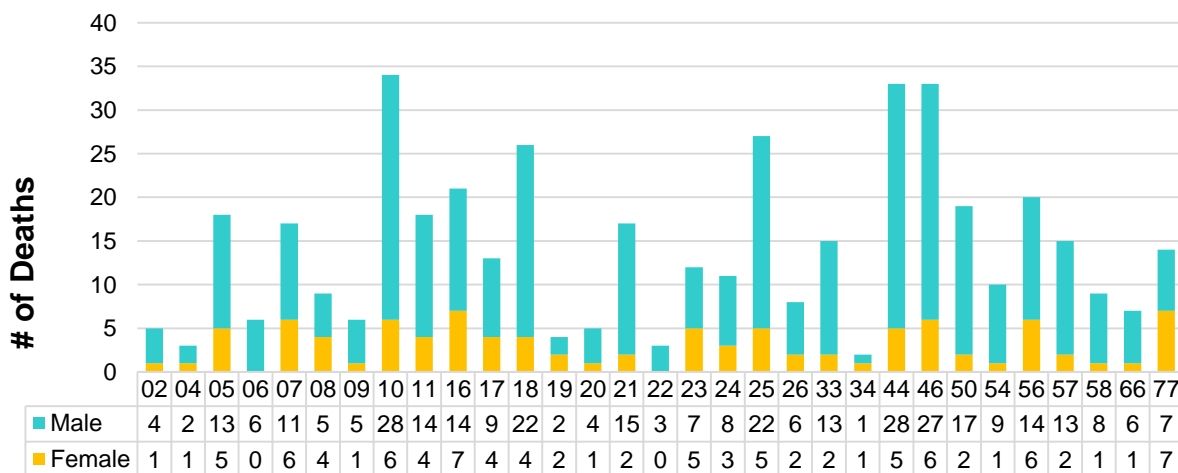
The economic and human cost of suicidal behavior to individuals, families, communities, and society makes suicide a serious public health problem. The charts below provide insight into the populations most affected by suicide deaths. Similar to the opioid overdose death data, zip code 32210 had the highest number of suicide deaths in Duval County from 2015-2017. The majority of the 34 deaths were male.

Suicide Deaths by Zip Code Duval County, 2015-2017



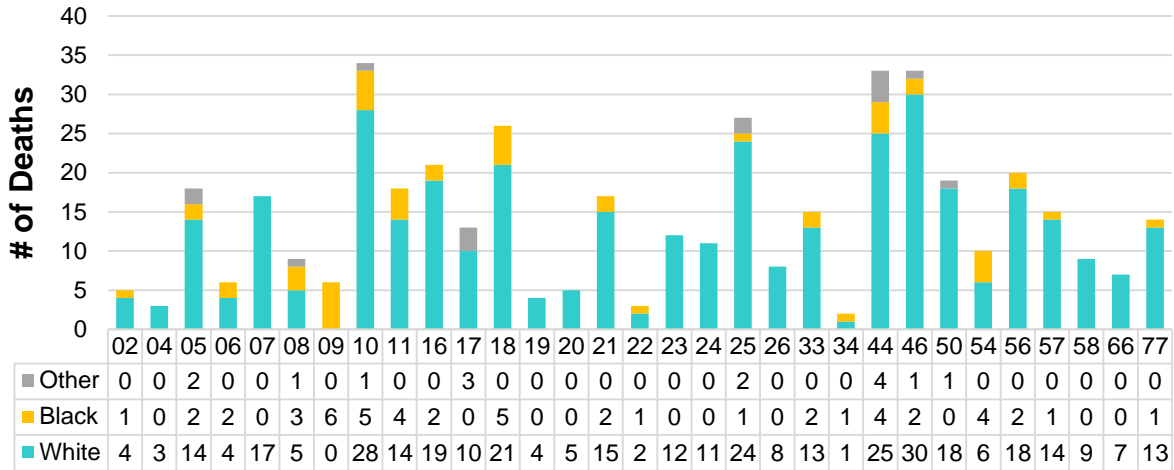
Source: www.floridacharts.com

Suicide Deaths by Sex Duval County, 2015-2017



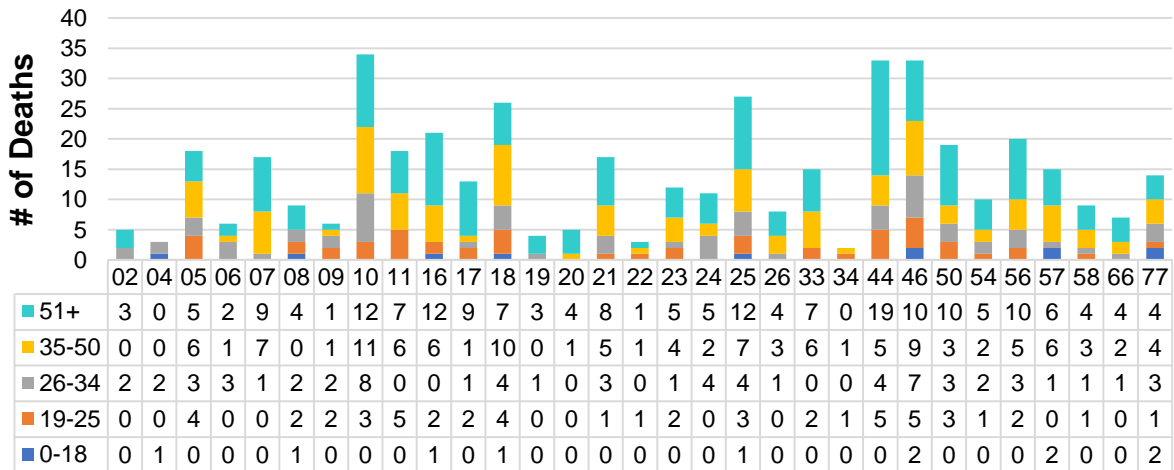
Source: www.floridacharts.com

Suicide Deaths by Race Duval County, 2015-2017



Source: www.floridacharts.com

Suicide Deaths by Age Duval County, 2015-2017



Source: www.floridacharts.com

Access to Care and Services

Rates of preventable hospitalization often are used to document potential barriers to ambulatory care, to assess the performance of the primary care delivery system, and to identify possible deficiencies in the quality of outpatient care. Delay in receiving or failure to obtain timely, effective ambulatory care can result in avoidable hospital admissions for many common conditions such as asthma, diabetes, congestive heart failure, and cellulitis. Higher rates of admission for these conditions in an area or among a population subgroup can be an indication of serious access or performance problems.

The following tables provide the top 5 ambulatory care sensitive conditions in Duval County. In addition, data is presented on the hospitals with the most visits due to those conditions, as well as the number of visits per patient and insurance coverage. COPD was the number one cause of preventable hospitalizations in 2016.

Top 5 Preventable Hospitalizations, Duval County, 2016

	Visits	% of Visits	% of ACSC
COPD	2,607	1.9	20.6
Pneumonia, Bacterial	2,419	1.8	19.2
Diabetes	1,855	1.4	14.7
Cellulitis	1,135	0.8	9
Congestive Heart Failure	1,119	0.8	8.9

Source: Agency for Health Care Administration, Hospitalizations, 2016

In 2016, the majority of the hospital visits attributed to the above conditions were at UF Health Jacksonville, followed by Baptist Medical Center and St. Vincent's Medical Center.

Hospital Visits with Top 5 Ambulatory Care Sensitive Conditions, Duval County, 2016

Facility	Visits	Percent
UF Health Jacksonville	1,716	18.8%
Baptist Medical Center	1,633	17.9%
St Vincent's Medical Center	1,598	17.5%
Memorial Hospital Jacksonville	1,503	16.5%
Other Hospitals	2,685	29.4%
All Hospitals	9,135	100.0%

Source: Agency for Health Care Administration, Hospitalizations, 2016

UF Health Jacksonville saw the highest number of repeat hospital visits due to ambulatory care sensitive conditions. In 2016, 18 patients had visited UF Health Jacksonville at least 5 times.

Hospital Visits with Top 5 Ambulatory Care Sensitive Conditions by Number of Visits, Duval County, 2016

Number of Visits per Patient	Number of Patients				
	UF Health Jacksonville	St Vincent's Medical Center	Baptist Medical Center	Memorial Hospital Jacksonville	All Hospitals
1	995	1,145	1,057	1,065	5,807
2	173	132	128	110	779
3	36	30	20	31	198
4	23	7	8	5	73
5	18	4	7	4	40
6	1	3	0	1	12
7	3	1	1	2	13
8	1	2	0	3	9
9	0	0	0	0	3
10	1	1	1	0	2
11	0	0	0	0	1
12	1	0	0	0	2
13	1	0	0	0	2
15	1	0	0	0	0
16	0	0	0	0	1
22	0	0	0	0	0
28	0	0	0	0	1
Visits with no SSN	15	8	176	41	297

Source: Agency for Health Care Administration, Hospitalizations, 2016

Baptist Medical Center experienced the highest percentage of hospital visits with Medicaid health insurance.

Hospital Visits with Top 5 Ambulatory Care Sensitive Conditions by Insurance Coverage, Duval County, 2016

Facility	Medicare	Commercial Insurance	Medicaid	Other Govt Health Plan	Uninsured/ Self-pay /Charity	Other
UF Health Jacksonville	642(37.4%)	146(8.5%)	477(27.8%)	56(3.3%)	388(22.6%)	7(0.4%)
Baptist Medical Center	534(32.7%)	361(22.1%)	471(28.8%)	38(2.3%)	224(13.7%)	5(0.3%)
St Vincent's Medical Center	829(51.9%)	261(16.3%)	241(15.1%)	36(2.3%)	221(13.8%)	10(0.6%)
Memorial Hospital Jacksonville	677(45.0%)	206(13.7%)	256(17.0%)	55(3.7%)	288(19.2%)	21(1.4%)
Other Hospitals	1,303(48.5%)	586(21.8%)	325(12.1%)	68(2.5%)	373(13.9%)	30(1.1%)
All Hospitals	3,985(43.6%)	1,560(17.1%)	1,770(19.4%)	253 (2.8%)	1,494(16.4%)	73(0.8%)

Source: Agency for Health Care Administration, Hospitalizations, 2016

The following table provides indicators related to access to care for Jacksonville and both census tract 122 and census tract 126.02. Differences between Jacksonville and the two neighborhoods existed in a number of areas including:

- Older adult men aged ≥ 65 years who are up to date on a core set of clinical preventive services: Flu shot past year, PPV shot ever, Colorectal cancer screening
- Current smoking among adults aged ≥ 18 years
- Diagnosed diabetes among adults aged ≥ 18 years
- No leisure-time physical activity among adults aged ≥ 18 years
- Sleeping less than 7 hours among adults aged ≥ 18 years

Access to Care Profile, 500 Cities, Jacksonville, Census Tract 122 and Census Tract 126.02, 2014 and 2015

	Jacksonville, FL	122	126.02
High blood pressure among adults aged ≥ 18 years – 2015	33.3%	38.4%	38.4%
Taking medicine for high blood pressure control among adults aged ≥ 18 years with high blood pressure – 2015	76.1%	75.5%	77.8%
Cancer (excluding skin cancer) among adults aged ≥ 18 years – 2015	5.9%	5.6%	6.0%
Current asthma among adults aged ≥ 18 years – 2015	9.2%	11.1%	10.0%
Coronary heart disease among adults aged ≥ 18 years – 2015	6.0%	8.1%	6.9%
Visits to doctor for routine checkup within the past year among adults aged ≥ 18 years – 2015	72.4%	70.8%	74.6%
Cholesterol screening among adults aged ≥ 18 years – 2015	75.8%	67.8%	75.2%
Chronic obstructive pulmonary disease among adults aged ≥ 18 years – 2015	7.2%	11.6%	8.3%
Older adult men aged ≥ 65 years who are up to date on a core set of clinical preventive services: Flu shot past year, PPV shot ever, Colorectal cancer screening – 2014	31.0%	26.8%	28.7%
Older adult women aged ≥ 65 years who are up to date on a core set of clinical preventive services: Flu shot past year, PPV shot ever, Colorectal cancer screening, and Mammogram past 2 years – 2014	28.6%	21.6%	26.8%
Current smoking among adults aged ≥ 18 years – 2015	20.5%	30.1%	23.0%
Diagnosed diabetes among adults aged ≥ 18 years – 2015	10.6%	13.6%	12.7%
High cholesterol among adults aged ≥ 18 years who have been screened in the past 5 years – 2015	35.5%	39.1%	37.4%
No leisure-time physical activity among adults aged ≥ 18 years – 2015	27.1%	36.5%	30.9%
Mammography use among women aged 50–74 years – 2014	77.0%	69.6%	76.1%
Mental health not good for ≥ 14 days among adults aged ≥ 18 years – 2015	14.4%	20.2%	15.7%
Obesity among adults aged ≥ 18 years – 2015	31.2%	37.6%	35.2%
Physical health not good for ≥ 14 days among adults aged ≥ 18 years – 2015	13.7%	20.4%	15.7%
Sleeping less than 7 hours among adults aged ≥ 18 years – 2014	37.9%	42.6%	41.5%
Stroke among adults aged ≥ 18 years – 2015	3.3%	4.8%	4.0%

Source: Centers for Disease Control and Prevention, 500 Cities Project, 2014 and 2015